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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1914,

BY

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.
(Barrister-at-Law),

School Medical Officer.

Ashford:
HEADLEY BROTHERS, INVICTA PRESS.

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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE, FEBRUARY, 1915.

*Mr. W. W. BERRY, Chairman.

*Mr. O. E. d'AVIGDOR-GOLDSMID, Vice-Chairman.

*BARKER, W. COBBETT

*BROWN, SYDNEY

COLLET, SIR MARK E., Bart.

*CORNWALLIS, F. S. W. (Chairman of the County Council)

*DARNLEY, The Right Hon. The Earl of

*DONNELLY, JAMES

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*GALPIN, The Rev. Canon A. J., D.D.

HANNEN, The Hon. H. A.

HEADLEY, L. P.

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*WATTS, H. T.

*WIGAN, Miss E. J.

*WILFORD, J.

WILLIAMS, Col. C. S.

One vacancy.

* Indicates that the Member belongs to the Elementary Education Sub-Committee. This Sub-Committee is responsible for carrying out the work of medical inspection.

Department of the County Medical Officer,
Sessions House,
Maidstone,
March 6th, 1915.

To the Chairman and Members of the Kent Education Committee.

My Lords, Ladies and Gentlemen,

I have the honour to submit herewith my Second Annual Report upon the work of medical inspection of school children in the County of Kent.

This report indicates the record of such work for the year ending December 31st, 1914.

Owing to the war there was considerable dislocation of the work during the last five months of the year, but the main difficulties were overcome satisfactorily.

I would again express my sincere appreciation of the encouragement and support which you have always given to me.

I wish to acknowledge the help received from the members of my staff in the routine work throughout the year, and especially from Dr. Fox, the Assistant School Medical Officer.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,
School Medical Officer.

KENT EDUCATION COMMITTEE.

Report of the School Medical Officer

ON THE

Medical Inspection of School Children,

For the Year ended December 31st, 1914.

This report contains a survey of the work carried out during the year 1914, and is submitted in accordance with the requirements of the Board of Education.

Administrative Details.

The following administrative details are important as affecting the general question of organization and cost of medical inspection work:—

Population of the Administrative County, estimated to the middle of 1914	1,046,244
Deduct population in areas which are autonomous for purposes of Elementary Education	511,526
Total estimated population in the area of the Kent Education Authority	534,718
Acreage of the County	971,991
Rateable value of the County, 1914	£6,350,167
Assessable value of the County, 1914	£6,015,692
1d. produces for purposes of Elementary Education	£12,918
,, ,, Higher Education ..	£25,065
Number of Schools, March 31st, 1914	446
Number of departments, March 31st, 1914 ..	633
Total average number of children on roll, year ended March 27th, 1914	84,707

The organization and supervision of the work of medical inspection are functions of the County Medical Officer, who has been approved by the Board of Education to act as School Medical Officer. Some of the supervisory work and details of office routine have been delegated to the Assistant School Medical Officer.

The actual work of inspection is carried out by a staff of whole-time and part-time inspectors. The districts have been so arranged as to admit of the work being transferred to whole-time medical officers of health as occasion arises. This arrangement is facilitated by the fact that nearly all the school attendance districts are co-terminous with sanitary areas, and the latter are in almost all cases identical with the boundaries of the various poor-law authorities.

In certain districts, general practitioners who are not medical officers of health have been appointed. They work in those combined areas which are so large that the medical officer of health could not undertake the additional work which would be entailed by the inspection of school children. These districts are so planned that if a re-arrangement of the combination is decided upon in the future, no difficulties will arise in the matter of transferring the school work. To the whole-time inspectors have also been allocated certain portions of these combined areas, more particularly in West Kent.

There have been no further changes in the part-time staff during 1914. With regard to the whole-time staff, Dr. Dunstan has resigned in order to occupy a similar position under the East Sussex Education Committee. Dr. Dunstan's district was allocated to Dr. Holmes who had been engaged previously in carrying out the medical inspection work in North Kent. Dr. Holmes has been succeeded in North Kent by Dr. Tucker, formerly School Medical Inspector at Coventry.

These arrangements continued until a short time after the beginning of the war. Owing to the mobilization of many members of my staff, both medical and clerical, it then became necessary to make other arrangements. Briefly, these arrangements were as follows :—

(1) Dr. Fox became Acting School Medical Officer and Certifier under the Mental Deficiency Act, whilst I was stationed at Canterbury, from August 29th until November 18th, 1914. On the latter date I returned to Maidstone, as Sanitary Officer to the Second Army, with permission to reside at Maidstone. By this arrangement, which I hope will continue until the end of the war, I am able to supervise the most important portions of the work of my civil appointment.

(2) Dr. de Villiers was appointed temporary medical inspector in place of Dr. Holmes.

(3) Dr. Dorothy Pratt similarly took over Dr. Tucker's work.

(4) Dr. Hamilton's work at Dartford was undertaken by his partner, Dr. Farthing.

(5) The school work in the Sittingbourne, Milton and Sheerness districts was undertaken at first by Dr. Robson, and later by Dr. Scott, who also became Deputy Medical Officer of Health in these areas in the place of Dr. Heggs.

(6) Mr. Thomas, the School Dentist, having obtained a commission, the dental work has been discontinued for the present.

The results of all medical inspections are reported daily. Each child has a schedule which is filled in by the medical inspector. The schedule itself is left at the child's school for subsequent use, but a copy of it is forwarded to my office at Maidstone, together with the medical log-book, and any exclusion certificate or special reports which may have been asked for.

Intimations of intended visits are forwarded to my office on the Saturday week prior to the week in which the inspections are to take place. It is the head-teacher's duty to see that the medical log-book is at the school on the day of inspection, and this is returned to the office with the forms relating to the inspection. Previous sanitary reports are also forwarded to the inspector, when such reports contain matters which require further investigation. On receipt of the medical log-book at the office, the details respecting children recommended for treatment are extracted, and in those districts in which a nurse is engaged the particulars are forwarded to her. Later, this book is forwarded to the Managers and their attention is directed to any matter of importance arising out of such inspections. The log-book also contains sections in which are entered (*a*) observations of the medical inspector in respect of matters which appear to suggest negligence or oversight, *e.g.*, want of cleanliness of schools, windows, offices, (*b*) particulars respecting every child who has been excluded from school by medical certificate since the last inspection—these entries are scrutinised by the medical inspector, and he examines these children if the circumstances requiring the exclusion indicate that such inspection is desirable, (*c*) observations of the teachers respecting difficult cases, particularly those concerning which an opinion can be expressed by the medical inspector, chiefly as a result of the teacher's

observations, *e.g.*, morally defective children, and (*d*) dates of visits of the medical inspector, or medical officer of health to the school, with the reasons for such visits.

SANITARY SURVEYS.

These have been carried out in the various schools where necessary and any defects requiring attention have been reported to the Buildings Sub-Committee of the Kent Education Committee.

EXPERIMENTS WITH TWO DUST-LAYING PREPARATIONS IN SCHOOLS.

During the year Dr. Fox devised and arranged an investigation as to the efficacy of two dust-laying preparations in schools, and the following is his interesting description of the work carried out :—

"Two dust-laying preparations were experimented with, viz.: (1) 'X,' a compound having sand as its basis. This substance requires to be put down every evening and is intended to replace damp saw-dust, which is at present largely used to treat school floors preparatory to sweeping. It is sprinkled in a line across one end of the school-room floor, and is swept across to the other end, carrying any accumulation of dirt with it. (2) 'Y,' an oily liquid. This liquid is applied to the whole surface of the floor, the application being repeated only after comparatively long intervals, say, of three or four months. It is intended to replace the ordinary periodical scrubbing of floors, as well as the daily use of damped saw-dust.

"Four groups of schools, each group consisting of four schools, were selected for the purposes of the experiments : (1) Tonbridge (Sussex Road, Slade, St. Stephen's Boys and St. Stephen's Infants). (2) Swanscombe (Church of England, Greenhithe, Galley Hill and Denton). (3) Hollingbourn, Harrietsham, Lenham and Bearsted. (4) Ashford (Church of England, Council Girls, New Town and Willesborough).

"This selection was made, partly for the convenience of the whole-time medical inspectors who assisted in making observations, which were necessarily numerous, and partly in order that a variety of schools might be included. Thus, some of the schools are of modern construction, and would not be expected, *a priori*, to harbour so much dust as others. Some present special difficulties in cleaning, owing, for example, to the furniture being permanently fixed to the floor, as at Ashford Council

Girls School, or to the vicinity of dust-producing industries, as at Swanscombe. Further points for observation are introduced, in that different methods of cleaning are used in the different schools. Two schools in each group of four were treated with 'Y,' and 'X' was used in the other two. The schools selected for 'Y' were Tonbridge Slade, Tonbridge St. Stephen's Boys, Swanscombe Greenhithe, Denton, Harrietsham, Lenham, Ashford New Town, and Willesborough, 'X' being used in the remaining schools. The experiments fell through at Swanscombe Greenhithe, owing to delay in the delivery of the 'Y.'

"The experiments began on January 5th, and continued until March 13th, 1914. A brief account of these may be of interest. In order to learn the effects of the dust-laying compounds, it was necessary, in the first place, to have some precise information as to the conditions prevailing in the ordinary course of events. The experiments were therefore carried out in two series, first, without the use of the dust-laying compounds, and then repeated as exactly as possible with the use of these preparations. Each series of observations extended over one month, and was preceded by a thorough cleaning of the schools. Precautions were taken that the two series should be as comparable as possible, so that the differences observed in the results might be reasonably attributed to the dust-laying compounds. The only variable factors likely to affect the results of one series in a different way from the other series, to any appreciable extent, were meteorological conditions, and it has unfortunately happened that these have varied in a manner prejudicial to accurate results, for there was more rainfall, and less outside dust during the second series than during the first series of experiments. The error thus introduced is, however, too small to affect the general conclusions, as the increased dirt brought into the schools by the children's boots in the second series, by its rapid drying, tends to counterbalance the dustier atmospheric conditions prevailing during the first series. I arranged the following plan of experiments, which were carried out by the medical inspectors of the Tonbridge, Swanscombe, and Ashford districts, and by myself in the Hollingbourn area.

"1.—All the schools to be thoroughly cleaned, including rafters, etc., before beginning the experiments.

"2.—Exposure of Petri dishes. (Petri dishes are circular flat glass-covered dishes, about four inches across, coated with material on which micro-organisms will grow readily, in the form of colonies which can be counted. The number of colonies found is, as a rule, roughly proportionate to the amount of dust in the air at the time of exposure, and

hence forms a measure of this dust which, though not absolute, is useful for comparative purposes.) Gelatine and Agar plates to be used. Four of each kind to be exposed in one class-room of selected schools (in rotation) on Wednesday afternoons, two being placed on a desk and two on the floor, (*a*) just before school closure, for four minutes (*b*) just after school closure, for two minutes, and whilst the caretaker is sweeping the classroom.

" 3.—Fix small circles of paper (2 in. diam.) by means of drawing pins on flat surfaces in different parts of the schoolrooms (about twenty in each), on the tops of cupboards, on rafters, or on movable articles such as the cubes used in perspective drawing. A note should be made of these positions, so that the experiment can be repeated exactly. These discs of paper are to remain in position for four weeks, and then collected carefully and super-imposed (with top one inverted), so that they will be disturbed as little as possible ; placed in a box and taken to the Sessions House, Maidstone, where they will be weighed.

" 4.—Collect samples of dust, (*a*) from the floors, (*b*) from elevated sites. These samples will be examined with a view to the discovery of differences in composition arising from the use of the dust-laying preparations.

" 5.—Keep meteorological notes.

" 6.—At the end of four weeks, and after the discs of paper have been collected, the schools to be cleaned again, and the use of the dust-laying compounds to be begun.

" 7.—All experiments to be repeated on corresponding dates, and to continue for four weeks, as before.

" 8.—The opinions of teachers and caretakers should be obtained.

" The following tables give the results of Test 2. A. and B. show the results obtained when gelatine was used to grow the bacteria, and C and D when agar was used. Gelatine allows nearly any kind of organism to grow, whilst the colonies found on the agar are mostly due to organisms associated with animal existence, in the present instance, bacteria emanating from the school children themselves. A and C are from observations made whilst the children were sitting quietly at their desks ; B and D are from observations made after school hours and whilst the floors were being swept. The first list of schools in each table represents those in which 'x' was used, and the second group, those treated with 'y.' Stated generally, the conclusions to be drawn from these tables

are that in those schools in which the dry preparation, 'x,' was used, the bacteria were diminished by one half, both during school hours, and whilst the floors were being swept. The presumption is that the amount of dust was similarly reduced. In the case of the schools treated with the liquid preparation, 'y,' the diminution during quiescence is also one half, whilst during sweeping the numbers obtained are enormously less, averaging only about one tenth of those obtained when the floors were untreated. With this general statement, however, Table C is not in harmony. It shows that when agar was used, and observations were made at the desk level, actually more organisms were grown when the dust-laying preparation was used than when the ordinary methods of cleaning were adopted. This was noted to occur in ten observations out of fourteen. At the floor level a slight improvement is shown, but so small that it is negligible.

"It has been mentioned that the bacteria which grow on agar are largely those coming from the children themselves, and therefore include the organisms responsible for spreading infectious diseases. An increase in what may be dangerous organisms is therefore found to have occurred, and this at a time when infection is most likely (so far as these experiments are concerned), *i.e.*, while the children are sitting in school. This result is so remarkable that I think further observations should be made to determine whether it is accidental or not. For there is no doubt that the dust-laying preparations do greatly diminish the dust in the air (*vide infra*), and the inference is that an increase of dangerous organisms may be the effect of this diminution of dust. Micro-organisms have a tendency to adhere to particles of dust, and it is for this reason that the Petri dish experiments have been used as an indication of the amount of dust present. It may be that when no heavy particles of dust are present, these organisms remain suspended in the air for a longer time, instead of being carried down to the floor on these particles. This possibility seems the more likely on considering an analogous sequence of events which occurs in the process of softening water with lime. In this case, a precipitate of calcium carbonate carries down the micro-organisms in the water, and so purifies as well as softens it.

"Table E shows the results obtained from Test 3. Columns 2 and 3 indicate the weight of dust per disc of paper collected (2), before the dust-laying preparations were used; (3), during their use. Allowances have been made for the hygroscopic properties of paper and for other sources of experimental error; and there can be no doubt that the substances used have been efficient in preventing dust from rising into the atmosphere during sweeping, and settling on the various surfaces.

There is no great difference between the schools in which different compounds were used. Taking all the schools together, an improvement of 75.7 per cent. is shown. It should be noted that the school children do not get the full advantage of this diminution of the quantity of dust raised, as the improved atmospheric condition takes place chiefly during, and immediately after, the sweeping of the floors, at the end of school hours.

"Samples of dust collected, as set out in Test 4, were submitted to microscopical and chemical analysis. Mr. Arnaud, the County Analyst, kindly furnished me with chemical analyses. The results obtained from these examinations showed no dependence on the elevation or otherwise of the site from which samples of dust were collected, and no definite influence could be attributed to the dust-laying compounds. The organic matter found in the dust varied from 8 per cent. to 60 per cent. and the mineral matter (ash) from 37 per cent. to 91 per cent.

Table A.—*Petri Dish* (*Gelatine*) *Exposures.*

(*Before sweeping.*)

	1st Series (before application of compounds).		2nd Series (after application).		Percentage improvement.	
	At desk level.	On floor.	At desk level.	On floor.	Desk.	Floor
	No. of colonies of micro-organisms.		No. of colonies of micro-organisms.			
"*X*" *Schools*—						
Bearsted	44	82	42	41	5	50
Hollingbourn ..	51	109	50	65	2	41
Ashford C. of E. 1..	25	51	5	9	80	84
2..	24	34	60	57	150+	68+
3..	22	44	30	50	37+	14+
Galley Hill	123	139	109	113	12	19
Swanscombe.. ..	45	179	37	52	18	71
Tonbridge C. of E. ..	223	263	15	10	94	97
Totals	557	901	348	397	38%	56%
"*Y*" *Schools*—						
Harrietsham.. ..	39	85	18	27	54	69
Lenham	13	41	23	33	77+	20
Denton	48	36	28	24	42	34
Tonbridge, Slade ..	60	63	17	35	72	45
,, St. Stephens	53	64	22	39	59	39
Totals	213	289	108	158	49%	46%

Table B.—*Petri Dish* (*Gelatine*) *Exposures.*
(*During sweeping.*)

	1st series (before application of compounds).		2nd series (after application).		Percentage improvement.	
	At desk level.	On floor.	At desk level.	On floor.	Desk.	Floor.
	No. of colonies of micro-organisms.		No. of colonies of micro-organisms.			
"*X*" *Schools*—						
Bearsted	340	600	162	140	53	77
Hollingbourn ..	133	296	78	75	42	75
Ashford 1	254	415	75	200	71	52
2	221	252	41	75	81	70
3	156	584	148	115	5	80
Galley Hill	388	292	264	148	32	49
Swanscombe.. ..	182	54	280	532	54+	885+
Tonbridge C. of E. ..	351	1054	12	20	97	98
Totals	2025	3547	1060	1305	47%	63%
"*Y*" *Schools*—						
Harrietsham.. ..	342	491	16	14	95	97
Lenham	400	352	6	19	98	94
Denton	237	284	38	33	84	88
Tonbridge, Slade ..	211	400	8	39	96	90
,, St. Stephens	205	272	10	52	95	81
Totals	1395	1799	78	157	95%	91%

Table C.—*Petri Dish* (*Agar*) *Exposures.*
(*Before sweeping.*)

	1st series (before application of compounds).		2nd series (after application).		Percentage improvement.	
	At desk level.	On floor.	At desk level.	On floor.	Desk.	Floor.
	No. of colonies of micro-organisms.		No. of colonies of micro-organisms.			
"*X*" *Schools*—						
Bearsted	26	40	38	45	46+	13
Hollingbourn ..	11	11	22	32	100+	191+
Ashford 1	12	11	6	4	50	64
2	12	3	15	27	25+	800+
3	8	5	25	28	213+	460+
Galley Hill	46	26	51	45	11+	73+
Swanscombe.. ..	14	39	20	20	43+	49
Tonbridge C. of E. ..	29	135	27	14	7	89
Totals	158	270	219	215	39+	21
"*Y*" *Schools*—						
Harrietsham.. ..	15	14	16	7	7+	50
Lenham	5	31	7	9	40+	71
Denton	22	25	51	30	132+	20+
Tonbridge, Slade ..	13	16	8	11	39	31
,, St. Stephens	28	12	27	25	4	109+
Totals	83	98	109	82	32+	17

Table D.—*Petri Dish* (*Agar*) *Exposures.*
(*During sweeping.*)

	1st series (before application of compounds).		2nd series (after application).		Percentage improvement.	
	At desk level.	On floor.	At desk level.	On floor.	Desk.	Floor.
	No. of colonies of micro-organisms.		No. of colonies of micro-organisms.			
"*X*" *Schools*—						
Bearsted	80	159	54	107	33	33
Hollingbourn ..	51	74	22	23	57	69
Ashford 1	85	142	33	76	62	47
2	29	45	11	19	63	58
3	29	46	32	43	11+	7
Galley Hill	132	150	128	92	3	39
Swanscombe	56	40	102	103	82+	158+
Tonbridge C. of E. ..	52	181	19	14	64	93
Totals	514	837	401	477	22	43
"*Y*" *Schools*—						
Harrietsham	98	106	7	6	93	95
Lenham	150	109	4	6	98	95
Denton	80	144	15	23	81	84
Tonbridge, Slade ..	33	91	2	16	94	83
,, St. Stephens	41	120	7	40	83	67
Totals	402	570	35	91	92	84

Table E.—*Showing amount of dust which fell on six square inches of paper during one month.*

	No. of papers used.	Average increase of weight of each.		Percentage improvement.
		1st series. gram.	2nd series. gram.	
Hollingbourn	39	.026	.010	61.5
Bearsted	51	.021	.014	33.3
,, (Rafters)	9	.016	.007	56
Harrietsham	42	.009	.008	11.2
Lenham	36	.014	.011	11.5
Ashford C. of E.	28	.046	.008	82.6
,, Cl. Girls	25	.046	.009	80.5
,, S.E. &C. Rly.	32	.046	.006	87
Willesborough	44	.030	.005	83.4
†Greenhithe	—	—	—	—
Swanscombe	32	.074	.004	94.6
Galley Hill	31	.061	.008	87
Denton	30	.047	.003	93.6
*Tonbridge, Slade	—	—	—	—
,, St. Stephen's, B.	21	.014	.009	36
,, Sussex Road	24	.030	.008	73.4
,, St. Stephen's Infants ..	17	.013	.010	23
Totals		.493	.120	75.7%
		For the "x" Schools		77
		For the "y" Schools		74

† Experiments fell through at Greenhithe, owing to the failure of delivery of the "y" preparation.

* All the papers were spoilt at Tonbridge Slade School.

"METEOROLOGICAL NOTES.—During the first series of observations, the rainfall (at Maidstone) was 0.54 in., and the prevailing winds were between North and East for three-quarters of the time. There were numerous frosts, with thaws before 9 a.m., so that mud was carried into the schools as after rain. During the second series, there were 4.67 inches of rain, and South-westerly winds prevailed, and the temperature was higher.

"GENERAL OBSERVATIONS.—'X' is more efficacious than damped sawdust (which is commonly used in some of the schools), and it has some tendency to keep the floors cleaner, probably on account of the greater attrition produced when it is swept over the floor surfaces. From the caretakers' point of view, it is as troublesome to use as sawdust. 'Y' is still better as a dust preventive, and it has the advantage of only requiring to be used after three or four months' intervals. Unfortunately, however, it darkens the floors and makes them unsightly. Indeed, its efficacy depends upon this property of anchoring dirt to the floor instead of allowing it to rise. Head teachers are divided in their opinions as to the importance of this effect from an educational point of view. I am of the opinion that the dark and dirty appearance of the floors which is produced, is such that the undoubted advantages of 'Y' are more than counterbalanced. A further disadvantage arising from the use of this preparation is that sweeping becomes more laborious, because the dirt adheres to the floors, as already mentioned.

"CONCLUSION.—Consideration of the above experimental data leads me to the opinion that neither of these dust-laying compounds gives results justifying its immediate adoption by the Committee. If, however, there is no financial objection to 'X,' then I think that this, or a similar compound, should be tried on a larger scale."

COST OF INSPECTIONS.

The total approximate cost of the actual inspections of school children, inclusive of travelling expenses, during 1914, was £1,776, as compared with £1,673 during 1913, and £1,808 during 1912.

The routine inspections in 1914 numbered 21.217, compared with 22,916 during 1913, and 18,547 during 1912.

To these totals must be added a large number of re-examinations of, or inquiries respecting, children who had been recommended for treatment at previous inspections.

TABLE 1.—Cost of Medical Inspection in the different Districts, 1914.

	District.	Acreage of District.	No. of Schools.	No. of children on rolls.	Number inspected in 1914.	Cost. £ s. d.
SALARIED STAFF.						
No. 1 District— Dr. Watts	Ashford, Cheriton, Hythe, and Broadstairs and St. Peter's Urban; Isle of Thanet, East Ashford, West Ashford, Elham and Bridge Rural	202,241	81	12,731	2,700	250 0 0
No. 2 District— Dr. Dun tan to Feb. 6th; Dr. Tucker to March 13th; *Dr. Holmes, to Aug. 7th; Dr. deVilliers, from Nov. 2nd	Tenterden Urban and Rural, Tonbridge Urban and Rural, Sevenoaks Urban and Rural, Maidstone Rural, and Southborough Urban	198,826	88	15,451	588; 244; 2,968; 574	250 0 0
No. 3 District— Dr. Holmes, to March 12th, 1914 *Dr. Tucker, from March 16th, 1914	Bexley, Footscray and Chislehurst Urban; Bromley, Dartford, Hollingbourn and Strood Rural	166,780	102	20,311	1,404; 3,146	275 0 0
No. 4 District— ‡Dr. T. Barrett Heggs	Milton Rural, Milton Regis, Queenboro', Sheerness and Sittingbourne Urban	32,453	32	9,406	1,984	190 0 0
No. 5 District Dr. C. D. Outred	Hoo Rural	19,727	5	735	143	25 0 0
Travelling Expenses—Estimated						125 0 0
		620,027	308	58,634	13,751	1,115 0 0

PER CAPITA PAYMENTS.						
(*a*) Entirely Urban :—						
†Hamilton, J.	Dartford	4,242	7	3,992	881	57 6 0
Lipscomb, A. A.	Wrotham	8,883	4	861	184	22 4 0
Oliver, H. S.	Lydd	12,082	2	424	97	14 11 0
Sells, H. T.	Northfleet	3,932	7	2,869	624	42 4 0
		29,139	22	8,146	1,786	136 5 0
(*b*) Mainly Rural :—						
Adamson, C. H.	Dover Rural	27,121	11	988	192	28 16 0
Day, J. J.	Eastry Rural, Sandwich and Walmer ..	45,377	21	2,995	612	91 16 0
Gange, F. W.	Faversham Rural	44,000	18	2,803	555	83 5 0
Hick, H.	Romney Marsh Rural and New Romney ..	31,740	6	648	151	30 4 0
Piper, F. P.	Blean Rural, Whitstable and Herne Bay ..	28,566	14	3,261	700	77 15 0
Roberts, A. H.	Malling Rural	38,458	27	4,578	1,005	115 10 0
Wiglesworth, T. R. ..	Sheppey Rural	21,197	6	559	123	24 12 0
Young, E.	Cranbrook Rural	41,315	14	2,048	492	73 16 0
		2,77,774	117	17,880	3,830	525 14 0
	Total for Whole County	926,940	447	84,660	19,367	1,776 19 0

AVERAGE COST— Salaried Staff, 1/7.5 per child inspected.
Urban Districts (per capita payments), 1/6.2 per child inspected.
Mainly Rural Districts (per capita payments), 2/9 per child inspected.
Whole County 1s. 10d. per child inspected.

* Drs. Holmes and Tucker temporarily relinquished their work under the Kent Education Committee to undertake Military Service on August 11th and November 3rd respectively. Dr. Watts assisted to complete the inspections in Nos. 2 and 3 Districts.

† Dr. Hamilton was called up for Military Service on August 11th, since which date Dr. Farthing has acted as his *locum tenens*.

‡ Dr. Heggs, ,, ,, ,, ,, August 4th, ,, ,, Dr. Robson ,, ,, ,, ,,

The table on pages 18 and 19 sets out the various items in detail, and it will be observed that the salaried school medical inspectors carried out 13,751 inspections at a cost of £1,115, which represents a cost of about 1s. 7½d. per child inspected.

The part-time school medical inspectors in urban districts made 1,786 inspections at a cost of £136 5s., or 1s. 6d. per child.

The part-time school medical inspectors in rural districts examined 3,830 children at a cost of £525 14s., or 2s. 9d. per child.

For the whole county during 1914 the cost was 1s. 10d. per child inspected, compared with 1s. 9½d. per child during 1912, and 1s. 8d. per child inspected during 1913.

ORGANIZATION AND SUPERVISION.

At least two visits are paid to each school during the year. In certain instances more frequent visits have been necessary. The general scheme is practically the same as has been reported in previous years. At the first visit, the medical inspector examines all the leavers and entrants ready for inspection; and at the second visit he examines all further entrants, and re-examines those children found defective on the previous occasion.

Hitherto, it has been the custom to forward to medical inspectors and teachers each half-year a leaflet showing what was required of them. These leaflets gave a summary of those classes of children who should be presented for examination, and also called attention to other items of routine work. This custom has not been followed during 1914, as the place of the leaflets has been taken by a new handbook giving all the regulations concerning the work of medical inspection, and suggestions for the carrying out of the work. The scope and methods of medical inspection have been modified from year to year, as new conditions or extended experience have necessitated. The rules and regulations accompanying the original scheme as devised by Dr. Howarth, together with the modifications and additions made by him, or subsequently by myself, have been consolidated in this new red handbook. Dr. Fox undertook this task, and has contributed some useful suggestions which should produce efficiency and homogeneity.

The "Medical Log-Book" continues to be of the greatest value. By its means the medical inspector is always confronted with a list of children found defective at previous inspections, and the list is brought forward at each visit, names being omitted only when a cure has been effected, or when no further recommendations can be made.

In order to strengthen the co-operation between the School Medical Service and the Local Attendance Committees, the latter are now furnished each week with lists of the medical inspections arranged to take place in their areas. Each school attendance officer has instructions to present, for examination at these inspections, any children not in attendance at school who, in his opinion, should be so presented. These officers also assist the School Medical Service by making local enquiries, particularly with regard to the prevalence of infectious disease among scholars.

School attendance officers are also asked to visit the school clinics on Saturday mornings in order to confer with the doctor in attendance as to children absent from school who have been sent to the clinic for examination.

(c) *General Statement of the extent and scope of the medical inspections carried out during the year* 1914, *including :—*

i. Number of visits paid to schools and departments.

All schools have been visited by the medical inspector at least twice a year, except in the case of a few very small rural schools. Numerous visits have been made also to departments both by doctors and by the two whole-time school nurses to enquire into outbreaks of infectious or contagious ailments.

ii. The principle on which children have been selected for inspection.

All children in attendance in the schools at ages over thirteen have been medically inspected, and leavers are regarded as children who will attain the age of thirteen in the year under review. Entrants, on the other hand, are not submitted to more than a superficial examination until they are five years old, or more accurately, until they reach the year during which they will become five years old.

The instructions which have been given to teachers as regards the children to be presented, etc., are as follows :—

Filing.—The cards of all children who were last year inspected as "leavers," *i.e.*, children who were thirteen years old and over, should now be removed from the box and for the present carefully stored.

Arrangement of Cards.—After removing the cards of these older children from the cabinet, the cards of other children should be transferred to the next higher division.

Children Promoted from Infants' Departments.—On promotion of children from the infants to the higher department, the inspection cards of the children should be handed over to the head teacher of the higher department.

Filing Cards of Exceptional Cases.—On the return of the cards to the school from the School Medical Officer, the cards should be sorted and those of children presenting any defects should be separated from those of normal children by means of the guide card marked "exceptional cases," one of which is contained in each compartment of the cabinet. It will be noted that the term "exceptional cases," whilst including "special cases," is not confined to these.

The conditions of these exceptional cases might well be made the subject of interview with the medical inspector at subsequent visits.

Inspections.—The children to be inspected are :—(i.) Entrants. The term "entrants," for purposes of medical inspection, means children who will attain the age of five years during 1914, *i.e.*, children born in 1909. It also included children who were born earlier than 1909, but who have not yet been subjected to routine inspection, on account of their beginning school late, absence or other reasons. Children transferred from other schools are to be regarded as "entrants" only if they would have been classified under this term had they remained at their former school.

(ii.) Leavers. All children who were born in 1901, *i.e.*, children who will be thirteen years old in 1914. In addition, there will be a few others to be brought forward as "leavers," who, although not thirteen, are expected to complete their school life during the year.

(iii.) Special Cases. The head teacher will, of course, present any child whom he knows to be suffering from some illness or disability which requires treatment ; he should also present all children in whom defects are suspected.

Number of Children to be prepared for Inspection.—Teachers should prepare for inspection in any one session not more than twenty children in mixed departments, and twenty-five in infants' departments.

Children found Defective at previous Inspection.—It would be of the greatest assistance if, prior to the inspection, head teachers would endeavour to obtain information as to the action taken in respect of children recommended for treatment at previous inspections.

Tuberculosis, Ringworm, Verminous Conditions, etc.—The Committee's Regulation 197 (d) requires that any child on the roll of a school maintained by the Committee suffering from tuberculous disease, known or suspected, whether excluded or not, shall be submitted to the medical inspector on every occasion upon which he may visit the school. This, of course, assumes that the child is well enough to attend, and is not under continuous medical supervision. Further, in the Memorandum of July, 1910, it was suggested that teachers should arrange for the attendance at the inspection of all children excluded from school on account of contagious diseases, *e.g.*, ringworm, itch and verminous conditions.

To avoid unnecessarily prolonged non-attendance on account of these conditions, it is of the first importance that the above groups of children should be presented at the inspection as "special cases." Their inspection is of equal importance with that of children of routine ages, and is probably more likely to produce good results. School attendance officers might be asked to notify the parents of excluded children of the inspections and to arrange for their attendance.

Enrolment of New Scholars.—(i.) If a new scholar is entering school for the first time, the teacher should record on a medical inspection card the name, date of birth, and infectious diseases from which the child has already suffered. German measles should not be included as measles. When children are reported as having suffered from german measles the attack should be entered as "rubella." The cards do not contain a heading for this disease but one can be writen in ink when the occasion requires it. This, if done in routine fashion, and the cards thereafter kept up-to-date by making further entries as required, will obviate the necessity of sending out Form 4 M.I. prior to an inspection.

(ii.) If the scholar has been at another school, the teacher should ascertain at which, and immediately write for the medical inspection card. This will obviate unnecesary inspections, and will frequently supply useful information respecting the child. Dirty children are often found among migratory families, and unless this plan is followed they are difficult to trace, as they frequently leave a district without giving information as to where they are going.

Verminous Children.—A modified "buff card" has been prepared, and will be issued to teachers, who may send copies to the parents of verminous children. It is important that a careful register be kept of all the parents to whom such cards are distributed.

Medical Log-Book.—*Head Teachers should ensure that the Medical Log Book is in their possession before the inspection takes place.* This book is always returned to the Correspondent after the various entries have received the attention of the School Medical Officer.

Special Visits of Medical Inspectors.—If the medical inspector or medical officer of health should visit a school for other than routine purposes, head teachers are requested to make an entry in Section 4 of the Medical Log-Book (page 39) stating briefly the reason of the visit, and such other circumstances as the occasion seems to warrant.

Apparatus.—Height measures, weighing machines, and card cabinets should be kept in order, and any defects or deficiencies should be reported to the School Medical Officer. Children should be weighed and measured without their boots. I find, also, that it is not uncommon for the weight to be wrongly read off the sliding scale, in consequence of the wrong side of the sliding adjustment being taken as the index.

Various other matters are referred to in the new handbook, which need not be reproduced here, but which has been sent to members of the Kent Education Committee and to head teachers in their area.

Table 2.—SUMMARY OF RESULTS OF MEDICAL INSPECTIONS DURING THE YEAR 1914.

Entry as per Inspection Card.	"Leavers" at undermentioned ages.				Entrants.					Entrants and others over 6 in 1914, but not classified.	Exceptional cases at various ages examined for various reasons.		Total of Columns 2 to 13.	Number of defects noted at the inspections which were sufficient to justify a communication to the parents.	The following particulars relate to children inspected prior to the two half-years, and have no reference to the figures in this table.	
	13 in 1914.		14 in 1914.		5 in 1914.		6 in 1914.		Under 5 in 1914, not examined according to Schedule.						Number of children recommended for treatment.	Number of these children who have received treatment.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			Boys.	Girls.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Numbers examined	3,987	3,135	58	70	3,518	3,256	938	929	2,600	1,030	805	891	21,217	5,112	4,717	2,042
Previously suffered from: Measles	3,289	2.657	46	48	1,847	1,790	433	456					10,566			
Whooping Cough	2,077	1,771	29	29	1,372	1,392	339	369					7,369			
Chicken-pox	1,238	1,175	14	22	740	721	167	169					4,246			
Diphtheria	168	141	3	4	41	44	12	12					425			
Scarlet Fever	401	380	6	7	91	110	28	30					1,053			
Enteric Fever	2	0	0	0	0	1	0	0					3			
Mumps	219	208	4	4	94	86	23	28					666			
Conditions as to	Indiff. / Bad	Indiff. / Bad	Indiff. / Bad	Indiff. / Bad	Indiff. / Bad	Indiff. / Bad	Indiff. / Bad	Indiff. / Bad			Indiff. / Bad	Indiff. / Bad	Indiff. / Bad			
Nutrition	349 / 7	226 / 1	13 / 0	12 / 0	232 / 2	215 / 2	95 / 0	70 / 1			4 / 1	3 / 0	1,219 / 14			
Cleanliness of Skin	295 / 16	201 / 8	12 / 1	9 / 0	310 / 14	229 / 5	107 / 2	101 / 3			4 / 1	5 / 0	1,274 / 54			
Cleanliness of Head	186 / 15	533 / 58	8 / 0	19 / 1	223 / 23	429 / 45	65 / 5	147 / 26			3 / 3	66 / 9	1,679 / 190			
Clothing: Sufficiency	209 / 19	84 / 6	6 / 0	5 / 0	129 / 11	91 / 1	49 / 3	32 / 1			3 / 1	2 / 0	610 / 43			
Clothing: Cleanliness	295 / 19	180 / 9	8 / 0	12 / 0	291 / 33	227 / 8	95 / 4	79 / 5			1 / 2	2 / 0	1,190 / 85			
Footgear	268 / 42	136 / 15	5 / 1	8 / 0	218 / 24	164 / 12	63 / 14	59 / 7			0 / 2	2 / 1	929 / 121			
Teeth: Defective condition	2,567	2,387	40	56	2,121	2,018	619	680			141	151	10,784	1,569	1,258	494
Teeth: Want of cleanliness	695	429	9	5	288	231	90	75			2	2	1,826			
Defects of Nose and Throat: Articulation and Breathing	124	61	4	4	193	147	59	63			6	4	665	1,304	1,593	527
Tonsils and Adenoids	564	499	9	12	732	519	203	162			166	158	3,134			
Tonsils with enlarged Cervical Glands	173	188	2	3	270	180	76	56			12	14	974			
Tonsils with Deafness	51	38	1	1	13	15	4	6			0	2	131			
Cervical Glands with enlarged Tonsils	173	185	2	3	270	180	76	56			12	14	974			
Cervical Glands without enlarged Tonsils	465	300	7	11	491	495	133	109			30	20	2,071			
Defects and Diseases of Hearing Apparatus. Deafness with enlarged Tonsils	51	38	1	1	13	15	4	7			0	2	132	243	193	95
Deafness without enlarged Tonsils	200	148	5	7	14	15	11	5			23	18	446			
Discharge	43	33	0	1	26	38	8	6			16	10	181			
Defective Vision	683	723	4	12	17	6	4	3			92	142	1,686	1,101	953	490
Other defects of Eyelids and Conjunctivæ	82	84	0	0	109	94	21	32			38	55	515			
Constitutional conditions: Paralysis and Deformity	52	46	2	1	24	14	4	11			17	21	192	895	720	536
Rickets	17	2	0	0	26	7	8	4			7	1	72			
Tuberculosis of Lungs: Phthisis	4	2	0	0	1	2	0	0			8	10	27			
Tuberculosis of Lungs: Suspected	2	4	0	0	14	2	4	1			13	11	51			
Tuberculosis of Bones, Joints, Glands, and Skin	4	5	0	0	2	0	1	2			1	2	17			
Heart Disease	74	65	0	1	35	19	12	12			14	13	245			
Lungs	72	57	1	1	96	60	33	26			16	15	327			
Anæmia	49	42	0	1	28	19	10	9			11	5	174			
Epilepsy	5	3	0	0	1	1	0	1			1	4	16			
Chorea	2	2	0	0	0	1	1	0			1	1	8			
Rupture	5	1	0	0	1	1	2	0			2	1	13			
Infectious or Contagious Ailments: R. W. 2 / Impetigo 13 / Other 4	3 / 6 / 1	0	0	R.W. 18 / Impetigo 16 / Other 3	6 / 10 / 7	4 / 5 / 5	3 / 3 / 4			22 / 16 / 3	28 / 7 / 8	86 / 76 / 35				
Other Diseases	135	145	3	2	139	96	43	26			40	49	678			
Suitable for Admission to a Special School: Mental	7	3	0	0	0	0	0	1			16	12	39			
Physical	0	0	0	0	0	0	0	0			0	0	0			
Other	0	0	0	0	0	0	0	0			0	0	0			
Excused: Attendance	16	9	0	0	17	8	6	7			37	63	163			
Excused: Drill	5	1	0	0	1	1	0	0			1	0	9			
Backward Children	99	50	2	2	17	8	14	14			32	19	257			
									No obvious defect		44	56	100			

In the above Table R.W. represents Ringworm.

CLASSIFICATION OF CHILDREN EXAMINED.

iii. The number of children inspected.

Facing this page is set out a table which contains full particulars respecting all children who have been submitted to medical inspection. There is a full classification for age and sex, and for particulars recorded on the inspection card. The general summary of inspections is as follows:—

Table 3.

Ages of children	Numbers examined. Boys.	Girls.	
Aged 5 in 1914	3,518	3,256	
,, 6 ,, ,, ...	938	929	
,, 13 ,, ,, ...	3,987	3,135	
,, 14 ,, ,, ...	58	70	
Exceptional cases at various ages ..	805	891	
	9,306	8,281	
			17,587
Children under five, examined not according to schedule			2,600
Children over six years of age, and therefore not classified			1,030
			21.217

The table has been extended so as to show the number of children whose defects were such that the parents were requested to obtain treatment. Columns 16 and 17 refer to a period ending six months earlier than the rest of the table, and show respectively the number of children requiring treatment and the number actually obtaining treatment. The corresponding figures for the end of the year will not be available until all the schools have been re-visited by the medical inspectors.

v. The number of children in respect of whom directions were given for treatment of defects, including a classified statement of such defects.

The following is a brief summary of the recommendations of the inspectors.

Table 4.

	1st	2nd	3rd and subsequent.
For defective teeth ..	1,569	385	116
For defective hearing, and ear discharge	243	52	9
For defective vision, and other eye defects ..	1,101	355	110
For defects of the nose and throat	1,304	496	220
For various defects ..	895	117	26
Totals	5,112	1,405	481

The second and third recommendations, tabulated above, are made by the medical inspectors at their next visit to the school, at which the previous recommendations had been made, and which primary recommendations the parents had failed to carry out, so that the respective defects might be treated appropriately.

Such a repetition of recommendation may be needed four or five times in individual cases before treatment is obtained or despaired of.

1,405 second recommendations were made during 1914, compared with 865 second recommendations during 1913, and 742 such second recommendations during 1912.

Since the results of the above-named recommendations are not known until a subsequent visit to the school is paid by the medical inspector (which is generally about six months later), it follows that, at the end of any calendar year under review, there will not be a complete record of the number of children who have received appropriate treatment in consequence of the various recommendations which have been made previously.

The following tabulation, therefore, refers to the number of defects requiring treatment and the number of defects treated for the year ending July 31st, 1914 :—

Table 5.

	Number of defects.	Number of defects treated.	Percentage.
Defects of the teeth	1,258	494	39.2
,, ,, ear	193	95	49.2
,, ,, eye	953	490	51.4
,, ,, nose and throat	1,593	527	33.1
Various defects	720	536	74.4
Totals	4,717	2,042	43.3

The percentage of the defects treated during the period under review was 43.3, as compared with the percentages of 48.1 and 35 for the two previous similar periods respectively.

vi. The average time per head occupied by inspection.

The rule issued previously to medical inspectors and teachers respecting the number of children to be prepared for medical inspection at each session was as follows :—

Number of children to be presented at a medical inspection.—Experience has shown that the average number of children who can be inspected medically per session of two hours is about twenty in the senior department and about twenty-five in the infants' department. Unless instructions are received to the contrary, these numbers should not be exceeded.

Therefore an average of about six minutes per child is required for the work of medical inspection in the senior departments, and rather less than this time per child is required in the infants' departments.

There has been constant inter-communication during the year between the Kent Education Committee and other Education Committees with respect to the transmission of the medical inspection cards of those children leaving and coming to reside in Kent.

vii. Number of parents who have objected to their children being examined.

As in previous years, some parents have objected to the medical inspection of their children.

193 such parents were recorded during 1914, compared with an average of 211 for the preceding five years.

As I said in my annual report for 1913, it is curious that this attitude towards medical inspection should remain so constant.

The reason for such objection usually given is that the parents always seek medical advice from the family doctor when it is necessary, that is when it is necessary in the parents' opinion, which opinion, as experience shows, is not always correct.

It is to be hoped that this unfortunate prejudice will diminish more rapidly in future.

Table 6.

Local School Attendance District.	No. of Objectors to Medical Inspection.*						
	1909	1910	1911	1912	1913	1914	
Ashford	In this year no record was kept of the schools where parents objected to the inspection. The total number only was recorded.	5	4	2	1	—	
Bexley		9	3	1	4	7	
Blean		—	—	3	1	—	
Bridge		20	8	7	18	10	
Bromley		15	26	14	27	39	
Cranbrook		14	15	11	13	12	
Dartford (Rural)		16	17	18	21	5	
Dartford (Urban)		1	—	—	2	—	
Dover		4	8	7	8	—	
East Ashford		8	10	8	5	3	
Eastry		4	1	3	3	3	
Elham		1	4	1	1	7	
Faversham		2	—	—	—	—	
Herne and Herne Bay		—	1	—	—	—	
Hollingbourn		30	18	20	18	9	
Hoo		—	—	1	—	—	
Maidstone		—	9	2	1	5	
Malling		5	4	1	16	2	
Milton (Rural)		7	8	—	—	—	
Northfleet		—	—	—	—	—	
Romney Marsh		—	1	3	—	—	
Sevenoaks (No. 1)		10	18	11	3	8	
Sevenoaks (No. 2)		5	1	1	1	7	
Sheppey		8	5	—	—	—	
Sittingbourne and Milton Regis		1	—	3	1	4	
Strood		4	1	—	2	—	
Tenterden		8	7	—	20	10	
Thanet (Isle of)		7	10	7	6	17	
Tonbridge (No. 1)		4	2	4	6	13	
Tonbridge (No. 2)		—	3	1	3	6	
Tonbridge (No. 3)		—	3	—	—	—	
West Ashford		18	20	21	24	24	
Whitstable and Seasalter		—	4	8	8	2	
Totals		269	206	211	158	213	193

Table 7.

NUMBER OF PERSONS WHO OBJECTED TO THE INSPECTION, 1914.

Bekesbourne		1	
Bethersden		2	
Bexley Heath C.E.		3	
,, Upland	..	1	
,, E. Wickham	..	3	
Birchington		3	
Bonnington		1	
Brasted C.E.		2	
Broadstairs C.E.		4	
Charing		3	
Charing Heath		12	
Chartham Council		4	
Chislehurst, Sidcup Hill	..	16	
Crayford C.E.		1	
,, R.C.		1	
,, Slade Green		1	
Cudham Fairchildes		1	
Eastry		1	
Eastwell		1	
Farnborough Council	..	6	
Footscray, Lamorbey	..	1	
,, Longlands	..	9	
Hadlow		2	
Halstead C.E.		1	
Harbledown		2	
Harrietsham C.E.		2	
Hawkhurst C.E.		9	
,, Highgate		3	
Hawkinge		1	
Hayes		3	
Headcorn Council		1	
Hildenborough		3	
High Halden		2	
Hothfield		6	
Hythe C.E.		1	
Ightham		1	
Kennington		1	
Lenham Council		6	
Littlebourne		1	
Lower Hardres		2	
Lyminge		1	
Lympne		1	
Nettlestead		2	
Orpington, Chislehurst Road	..	3	
Pluckley		1	
Rolvenden		1	
St. Lawrence Extra		9	
Sandwich		1	
Seal Underriver		3	
Sellindge		1	
Sevenoaks Council		3	
,, C.E.		2	
,, Lady Boswell's	..	1	
,, St. John's	..	1	
,, Weald		1	
Sittingbourne Council	..	4	
Southborough C.E.		1	
,, Council	..	1	
Speldhurst		4	
Staple		1	
Stone-in-Oxney		1	
Sundridge, Ide Hill		1	
Swanscombe, Knockhall	..	1	
Swingfield		2	
Tenterden, Ashford Road	..	1	
,, C.E.		1	
Tonbridge C.E.		1	
,, St. Stephens	..	7	
,, Sussex Road	..	1	
Wateringbury		1	
Whitstable Endowed	..	1	
,, St. Alphege	..	1	
Wilmington Council		1	
Wittersham		2	
Woodchurch		2	
Yalding		1	
,, St. Margaret's	..	2	
		193	

(*d*) *General review of the facts disclosed by medical inspection under the various headings which appear on the medical inspection schedule.*

PREVIOUS ZYMOTIC HISTORY.—The following table shows the percentages of children examined who had suffered previously from the various infectious diseases which are common amongst school children. These facts are important, inasmuch as they have a bearing upon the question of school closure.

The results obtained only differ slightly from those of previous years.

Table 8.—*Showing the percentage number of children examined who had previously suffered from the undermentioned diseases.*

Disease.	Aged 5.		Aged 6.		Aged 13.		Aged 14.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
	Numbers examined. 3518	3256	Numbers examined. 938	929	Numbers examined. 3987	3135	Numbers examined. 58	70
	Percentage previously attacked.		Percentage previously attacked.		Percentage previously attacked.		Percentage previously attacked.	
Measles	52.5	54.9	46.2	49.1	82.5	84.8	79.3	68.6
Whooping Cough ..	39.0	42.8	36.2	39.7	52.1	56.8	50.0	45.4
Chicken-pox ..	21.0	20.5	17.2	18.2	31.1	37.5	24.1	31.4
Diphtheria	1.2	1.4	1.3	1.3	4.2	4.5	5.2	5.7
Scarlet Fever ..	2.6	3.4	2.9	3.2	10.1	12.1	10.3	10.0
Enteric Fever ..	0.0	0.03	0.0	0.0	0.1	0.0	0.0	0.0
Mumps	2.7	2.7	2.5	3.0	5.5	6.6	6.9	5.7

Height and Weight.—In the following tables are set out the heights and weights of a proportion of the children examined in the Kent schools in 1914. The selection, which has been made without any discrimination, and represents children in both town and country schools, probably gives a fairly reliable figure for purposes of reference. The totals do not show any marked difference from the results obtained in the previous year. As is the general rule, girls at ages 5 and 6 are not so heavy nor are they so tall as boys at the same ages, but the position is reversed at age 13. I think the figures compare favourably with those recorded in other districts.

Table 9.—*Showing the height in inches of boys and girls at different age groups.*

BOYS.			GIRLS.		
Age.	Numbers examined.	Boys in Kent.	Age.	Numbers examined.	Girls in Kent.
5	2,000	40.4	5	2,000	40.0
6	750	42.1	6	750	42.0
13	2,000	55.9	13	2,000	56.7
14	50	57.9	14	58	57.1

Table 10.—*Showing the weight in pounds of boys and girls at different age groups.*

BOYS.			GIRLS.		
Age.	Numbers examined.	Boys in Kent.	Age.	Numbers examined.	Girls in Kent.
5	2,000	38.4	5	2,000	37.4
6	750	40.9	6	750	40.0
13	2,000	75.9	13	2,000	77.9
14	50	81.6	14	58	82.9

Clothing and Footgear.—The following two tables indicate the condition of the clothing as regards sufficiency and cleanliness, and of the footgear as regards soundness.

These figures seem to show an improvement as compared with those of previous years.

Table 11.—*Showing condition of clothing as regards sufficiency and cleanliness.*

Ages.	Sex.	Numbers examined.	Sufficiency of clothing.				Cleanliness of clothing.			
			Actual Numbers.		Percentage.		Actual Numbers.		Percentage.	
			Indifferent.	Bad.	Indifferent.	Bad.	Indifferent.	Bad.	Indifferent.	Bad.
5	Boys	3,518	129	11	3.7	0.3	291	33	8.3	0.9
	Girls	3,256	91	1	2.8	0.03	227	8	6.9	0.2
6	Boys	938	49	3	5.2	0.32	95	4	10.1	0.43
	Girls	929	32	1	3.4	0.1	79	5	8.5	0.54
13	Boys	3,987	209	19	5.3	0.48	295	19	7.4	0.48
	Girls	3,135	84	6	2.7	0.19	180	9	5.7	0.29
14	Boys	58	6	0	10.3	0.0	8	0	13.8	0.0
	Girls	70	5	0	7.1	0.0	12	0	17.1	0.0
Totals	Irrespective of sex	15,891	605	41	3.8	0.26	1,187	78	7.5	0.48

Table 12.—*Showing condition of Footgear.*

Age.	Sex.	Numbers examined.	Footgear.		Percentage with	
			Unsatisfactory.	Bad.	Unsatisfactory footgear.	Bad.
5	Boys ..	3,518	218	24	6.2	0.7
	Girls ..	3,256	164	12	5.1	0.3
6	Boys ..	938	63	14	6.7	1.5
	Girls ..	929	59	7	6.4	0.8
13	Boys ..	3,987	268	42	6.7	1.05
	Girls ..	3,135	136	15	4.3	0.5
14	Boys ..	58	5	1	8.6	1.7
	Girls ..	70	8	0	11.4	0.0
Totals	Irrespective of sex	15,891	921	115	5.8	0.7

Uncleanliness.—I referred to this subject in considerable detail in my Annual Education Report for 1913.

The figures for 1914, as shown in the two following tables, show a marked improvement as compared with a similar table prepared for the year 1913.

During 1915 an attempt will be made to use as much as possible the cleansing station at Tonbridge which has been completed recently in connection with the school clinic there.

Table 13.—*Showing condition of children as regards cleanliness of body.*

Age.	Sex.	Numbers examined.	Numbers.		Percentage.	
			Requiring attention.	Excluded.	Requiring attention.	Excluded.
5	Boys ..	3,518	310	14	8.9	0.39
	Girls ..	3,256	229	5	7.1	0.15
6	Boys ..	938	107	2	11.5	0.22
	Girls ..	929	101	3	10.9	0.33
13	Boys ..	3,987	295	16	7.4	0.41
	Girls ..	3,135	201	8	6.7	0.23
14	Boys ..	58	12	1	20.7	0.18
	Girls ..	70	9	0	12.9	0.00
Totals	Boys ..	8,501	724	33	8.6	0.39
	Girls ..	7,390	540	16	7.3	0.22

Table 14.—*Showing condition of children as regards cleanliness of head.*

Age.	Sex.	Numbers examined.	Numbers.		Percentage.	
			Requiring attention.	Excluded.	Requiring attention.	Excluded.
5	Boys ..	3,518	223	23	6.9	0.65
	Girls ..	3,256	429	45	13.2	1.1
6	Boys ..	938	65	5	6.9	0.54
	Girls ..	929	147	26	15.8	2.8
13	Boys ..	3,987	186	15	4.9	0.38
	Girls ..	3,135	533	58	16.9	1.8
14	Boys ..	58	8	0	13.8	0.00
	Girls ..	70	19	1	27.2	1.5
Totals	Boys ..	8,501	482	43	5.7	0.56
	Girls ..	7,390	1,128	130	15.3	1.8

RINGWORM.—many details respecting this disease appeared in my Annual Education Report for the year 1913.

The following tables indicate the distribution and special treatment adopted during 1914.

Table 15.—*Distribution of Ringworm in the areas of the Local Attendance Committees.*

Local Attendance Committee.	No. of children on the roll.	No. of Cases.		Total.	Percentage.
		Boys.	Girls.		
Ashford	3,104	19	19	38	1.2
Bexley	2,978	12	21	33	1.1
Blean	778	—	3	3	0.4
Bridge	1,555	3	1	4	0.3
Bromley	5,689	18	20	38	0.7
Cranbrook	2,128	3	6	9	0.4
Dartford (Rural)	6,812	24	23	47	0.6
„ (Urban)	4,100	4	5	9	0.2
Dover	1,004	3	3	6	0.6
East Ashford	1,434	17	5	22	1.5
Eastry	3,001	18	17	35	1.1
Elham	2,990	4	7	11	0.4
Faversham	2,882	3	2	5	0.2
Herne and Herne Bay	1,076	—	6	6	0.5
Hollingbourn	1,875	32	12	44	2.3
Hoo	718	1	—	1	0.1
Maidstone	2,637	13	3	16	0.6
Malling	5,431	29	33	62	1.1
Milton (Rural)	2,580	10	10	20	0.8
Northfleet	2,805	12	8	20	0.7
Romney Marsh	1,086	7	—	7	0.6
Sevenoaks (No. 1)	1,482	5	9	14	0.9
„ (No. 2)	3,533	4	2	6	0.2
Sheppey	4,347	25	29	54	1.2
Sittingbourne	3,020	23	28	51	1.7
Strood	3,034	17	9	26	0.9
Tenterden	1,464	1	—	1	0.1
Thanet (Isle of)	2,395	24	29	53	2.2
Tonbridge (No. 1)	3,058	11	8	19	0.6
„ (No. 2)	1,664	5	3	8	0.5
„ (No. 3)	1,865	5	6	11	0.6
West Ashford	1,301	—	3	3	0.2
Whitstable	1,398	2	2	4	0.3
	85,228	354	332	686	0.8

471 of these children are known to have returned to school by the end of the year, leaving 215 still suffering from the disease.

Diagram showing the percentage number of cases of RINGWORM in the various Local School Attendance Committees reported to the School Medical Officer during the years 1913 *and* 1914.

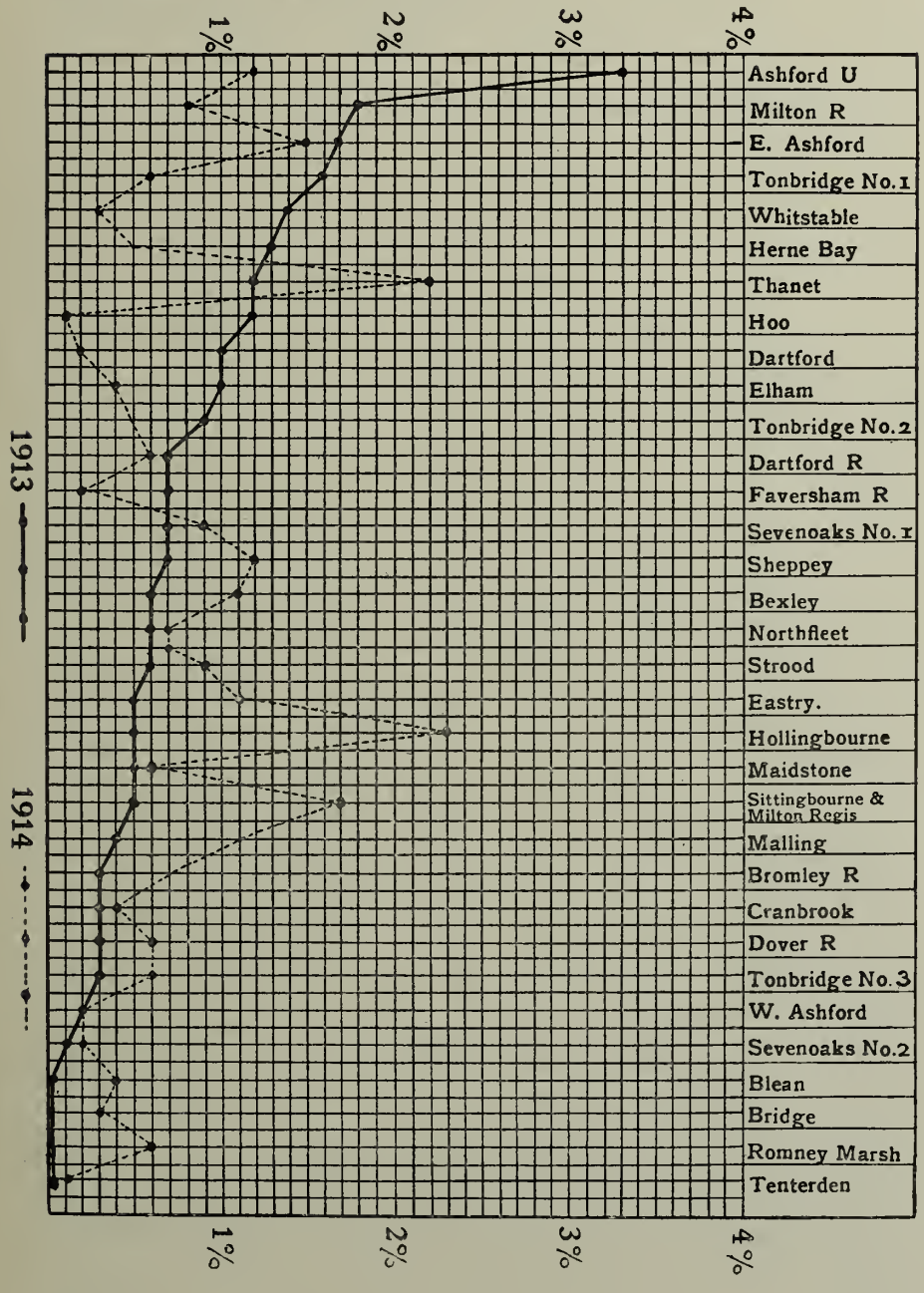


Table 16.—*Cases of Ringworm treated by X-rays by Dr. C. H. L. Palk, at Folkestone, for the Kent Education Committee during* 1914.

No. of Case.	Name of School.	Cost to Committee. £ s. d.	Parents' Contributions. £ s. d.	Date of Treatment.	Child returns to School.	After lapse of days.
1	Sutton Valence ..	1 1 0	0 10 0	7/1/14	25/3/14	77
2	Goodnestone ..	1 1 0	0 10 0	22/1/14	27/4/14	95
3	Ashford, New Town	1 1 0	0 5 0	22/1/14	14/3/14	51
4	Lenham Heath ..	1 3 0	Nil.	30/1/14	22/4/14	82
5	,, ,, ..	1 3 0	Nil.	30/1/14	22/4/14	82
6	,, ,, ..	1 3 0	Nil.	30/1/14	22/4/14	82
7	Ashford, Council ..	1 1 0	0 5 0	24/1/14	21/2/14	28
8	,, ,, ..	1 1 0	0 2 6	13/2/14	21/3/14	67
9	,, ,, ..	1 1 0	0 2 6	13/2/14	21/3/14	67
10	Ulcombe Cl. ..	1 3 6	Nil.	25/2/14	6/4/14	40
11	,, ,, ..	1 3 6	Nil.	25/2/14	6/4/14	40
12	,, ,, ..	1 3 6	Nil.	25/2/14	20/4/14	54
13	Ashford Council ..	1 1 0	0 5 0	27/2/14	18/4/14	50
14	Minster Cl. (Thanet)	1 3 3	Nil.	27/2/14	26/5/14	88
15	,, ,, ..	1 3 3	Nil.	27/2/14	26/5/14	88
16	Ulcombe C.E. ..	1 3 0	Nil.	4/3/14	20/4/14	47
17	Hythe C.E. ..	1 1 0	Nil.	18/3/14	13/5/14	56
18	Chilham	1 2 4	Nil.	7/4/14	25/5/14	48
19	,, ...	1 2 4	Nil.	7/4/14	22/7/14	106
20	,, ...	1 2 4	Nil.	7/4/14	25/5/14	48
21	,, ...	1 2 4	Nil.	8/4/14	25/5/14	47
22	Harrietsham ..	1 2 6	Nil.	8/4/14	4/5/14	28
23	,, ...	1 2 6	Nil.	8/4/14	4/5/14	28
24	Ashford, New Town	1 1 0	Fare.	13/5/14	4/7/14	49
25	,, ,, ..	1 1 0	Fare.	13/5/14	4/7/14	49
26	Chartham	1 1 0	0 10 0	13/5/14	22/6/14	37
27	Sandwich Council ..	1 2 9	Nil.	20/5/14	13/7/14	54
28	,, ,, ..	1 2 9	Nil.	20/5/14	13/7/14	54
29	Ashford, New Town	1 1 0	0 1 0	3/6/14	18/7/14	45
30	Sandwich	1 2 9	Nil.	17/6/14	12/8/14	56
31	,, ...	1 2 9	Nil.	17/6/14	12/8/14	56
32	Ashford Council ..	1 1 0	0 5 0	8/7/14	1/8/14	24
33	Sutton Valence ..	1 3 9	Nil.	11/7/14	12/10/14	93
34	Ulcombe	1 4 9	Nil.	21/7/14	12/10/14	52
35	,, ...	1 1 0	0 10 0	27/7/14	12/10/14	77
36	St. Lawrence ..	1 3 6	Nil.	28/8/14	12/10/14	45
37	Broadstairs C.E. ..	1 4 9	Nil.	24/9/14	25/1/15	121
38	Ashford, New Town	1 2 6	Nil.	4/11/14	30/1/15	87
39	,, ,, ..	1 2 6	Nil.	5/11/14	30/1/15	86
40	Sandwich	1 4 6	Nil.	20/11/14	12/1/15	53
41	,, ...	1 4 6	Nil.	20/11/14	12/1/15	53
42	Sutton Valence ..	1 3 6	Nil.	13/11/14	25/1/15	73
43	Murston	1 1 0	0 5 0	2/4/14	18/4/14	17
44	Borden	1 1 0	0 6 7½	2/4/14	12/5/14	40
45	Sittingbourne Ufton Lane	1 1 0	Fare.	18/5/14	20/6/14	33
46	,, ,,	1 1 0	Fare.	18/5/14	20/6/14	33
47	Marden Council ..	1 1 0	0 1 0	1/7/14	4/8/14	34
48	,, ,, ..	1 1 0	0 1 0	1/7/14	4/8/14	34
49	West Malling ..	1 1 0	0 5 0	5/9/14	3/10/14	28
50	Rainham Cl. ..	1 1 0	Fare.	23/10/14	25/11/14	33
51	,, ,, ..	1 1 0	Fare.	6/11/14	1/12/14	34
52	Sheerness	1 1 0	Fare.	11/11/14	10/12/14	29
53	,, ...	1 4 6	Nil.	11/11/14	12/12/14	31
54	Sittingbourne ..	1 1 0	Fare.	18/11/14	Still absent.	
55	Rainham	1 12 4½	Nil.	18/11/14	Still absent.	
Total Cases 55		£61 10 5½	*4 4 7½			Aver. 56 days.

* In addition the railway fare was paid by the parent in eight instances.

Table 17.—*Showing the number of cases of Ringworm which have been treated by X-rays at Guy's Hospital, London, for the Kent Education Committee, during* 1914.

No. of Case.	Name of School.	Cost to Committee.			Parents' Contribution (sent to Guy's Hospital.)			Date of treatment.	Child returns to School.	After lapse of days.
		£	s.	d.	£	s.	d.			
1	Lamorbey ..	0	1	2	0	1	2	24/1/14	19/2/14	27
2	Sittingbourne, Ufton Lane	0	2	3	0	2	3	4/2/14	21/3/14	45
3	Wilmington Cl. ..	0	1	3	0	1	3	18/2/14	20/4/14	61
4	Welling Cl. ..	0	0	9½	0	0	9½	25/2/14	30/3/14	33
5	Bexley Heath, Uplands	0	0	10½	0	2	6	4/3/14	20/4/14	47
6	Orpington, Chislehurst Road	0	1	1	0	3	1	4/3/14	21/4/14	46
7 8	Welling Cl. ..	0	1	7	0	4	0	9/3/14	24/4/14	45
9 10	Sittingbourne, Holy Trinity (Two applications)	0	9	0	0	17	0	11/3/14	18/4/14	38
11	Sidcup C.E. ..	0	1	4	0	1	4	17/3/14	29/4/14	43
12								17/3/14	27/5/14	71
13	,, ,, ..	0	0	8	0	0	8	25/3/14	27/5/14	63
14	Bexley, Welling	0	0	9½	0	0	9½	6/4/14	20/5/14	50
15	,, ,, ..	0	0	9½	0	2	6	6/4/14	6/6/14	67
16	Snodland C.E. ..	0	2	10	Nil.			1/5/14	10/6/14	41
17	Orpington, Chislehurst Road	0	1	1	0	1	1	9/5/14	12/6/14	34
18 19	Welling Cl. ..	0	1	7	0	1	7	9/6/14	21/7/14	42
20 21	,, ,, ..	0	1	7	0	1	7	24/6/14	4/7/14	41
22 23	Sheerness, Broadway	0	7	0	Nil.			1/7/14	31/8/14	62
24	Milton Cl.. ..	0	2	3	0	7	3	8/7/14	1/10/14	85
25	Sheerness, Blue Town	0	3	6	0	3	6	8/7/14	31/8/14	62
26	,, Marine Town	0	3	6	0	3	6	16/7/14	31/8/14	46
27 28 29	Hawkhurst, Highgate ..	0	7	10½	0	2	7½	22/7/14	16/9/14	56
30 31	Farnborough Cl. ..	0	3	3	0	3	3	29/7/14	26/8/14	28
32	Farnborough ..	0	1	3	0	1	3	6/8/14	26/8/14	20
33 34	Welling	0	3	2	Nil.			12/8/14	16/9/14	35
35	Welling	0	1	7	0	1	7	19/8/14	16/9/14	28
36	Sittingbourne Cl.	0	2	3	0	2	3	19/8/14	23/10/14	65
37	,, ,,	0	2	3	0	2	3	26/8/14	Still absent	—
38	,, (No school)	Nil.			Nil.			26/8/14	—	Under age
39	Orpington, ..	0	2	0	Nil.			2/9/14	29/10/14	57
40	Chislehurst Road							2/9/14	5/2/15	184

Continued

Table 17—*continued.*

No. of Case.	Name of School.	Cost to Committee.			Parents' Contribution (sent to Guy's Hospital.)			Date of treatment.	Child returns to School.	After lapse of days.
		£	s.	d.	£	s.	d.			
41	Swanley Junction	0	1	6	0	1	6	23/9/14	2/11/14	40
42	Welling Cl. ..	0	0	9½	0	0	9½	23/9/14	26/11/14	64
43	Milton Butts ..	0	2	3	0	2	3	30/9/14	28/11/14	59
44	Bexley Heath C.E.	0	0	11		Nil.		30/9/14	20/11/14	51
45, 46	Otford C.E. ..	0	2	0	0	2	0	8/10/14	24/11/14	47
47	Orpington (No school)		—			—		14/10/14	—	under age.
48	Wellington Rd. Cl.	0	1	0	0	1	0	14/10/14	3/3/15	140
49	,, ,,	0	1	0		Nil.		21/10/14	20/11/14	30
50	,, ,,	0	1	0		Nil.		21/10/14	4/12/14	44
51	,, ,,	0	1	0		Nil.		28/10/14	4/12/14	37
52	Bexley Heath C.E.	0	1	0	0	1	0	4/11/14	10/12/14	36
53	Crayford, North End Cl.	0	1	0	0	1	0	7/11/14	7/12/14	30
54, 55, 56	Farnborough ..	0	2	0	0	2	0	11/11/14	15/1/15	65
57	Wilmington Cl. ..	0	1	3	0	1	3	18/11/14	12/1/15	55
58	Swanley Junction	0	1	6		Nil.		18/11/14	10/2/15	84
59	Rainham C.E. ..	0	1	9		Nil.		2/12/14	11/1/15	40
60	Farnborough ..	0	1	0	0	2	0	3/12/14	21/1/15	49
61	Dartford, National	0	1	3	0	1	3	5/12/14	Still absent.	
62	Sittingbourne ..	0	2	3		Nil.		9/12/14	27/2/15	80
63		0	2	3		Nil.		9/12/14	5/2/15	58
64	Stone, The Brent	0	1	3		Nil.		15/12/14	Still absent.	
65	Council ..	0	0	10½		Nil.		16/12/14	,,	,,
66		0	0	10½		Nil.		16/12/14	12/2/15	58
Total cases, 66		4	18	3	4	5	1			Aver. 58 days.

Malnutrition.—The prevalence of malnutrition amongst school children in Kent appears to be about the same as that recorded in previous years.

Tables 18 and 19 give a summary for the year under review amongst boys and girls respectively.

Table 18.—*Showing condition of Boys as regards nutrition.*

Age.	Numbers examined.	Actual cases.			Percentage.		
		Nutrition defective.	Nutrition bad.	Total sub-normal.	Nutrition defective.	Nutrition bad.	Nutrition sub-normal.
5	3,518	232	2	234	6.5	0.05	6.6
6	938	95	0	95	10.0	0.00	10.0
13	3,987	349	7	356	8.75	0.17	8.9
14	58	13	0	13	21.7	0.00	21.7
Total	8,501	689	9	798	8.1	0.10	9.4

Table 19.—*Showing condition of Girls as regards nutrition.*

Age.	Numbers examined.	Actual cases.			Percentage.		
		Nutrition defective.	Nutrition bad.	Total sub-normal.	Nutrition defective.	Nutrition bad.	Nutrition sub-normal.
5	3,256	215	2	217	6.6	0.06	6.6
6	929	70	1	71	7.5	0.1	7.6
13	3,135	226	1	227	7.2	0.03	7.2
14	70	12	0	12	17.1	0.00	17.1
Total	7,390	523	4	527	7.1	0.05	7.1

Various Ailments.—The following tables indicate the numbers and percentages of children who were found to be suffering from various defects during the year 1914.

Enlarged Tonsils and Adenoids.

Table 20.—*Showing the numbers of children who were found to be suffering from Enlarged Tonsils and Adenoids.*

Age.	Sex.	Numbers examined.	Cases of Tonsils and Adenoids.	Percentage.
5	Boys	3,518	732	20.8
	Girls	3,256	519	15.9
6	Boys	938	203	21.6
	Girls	929	162	17.4
13	Boys	3,987	564	14.4
	Girls	3,135	499	15.5
14	Boys	58	9	15.5
	Girls	70	12	17.1
Total	Boys	8,501	1,508	17.7
	Girls	7,390	1,192	16.1
	Both sexes	15,891	2,700	17.0

These figures show a considerable improvement as compared with the year 1914.

Table 21.—*Showing cases in which Deafness was associated with Enlarged Tonsils and Adenoids.*

Age.	Sex.	Numbers examined.	Number in whom deafness was associated with Enlarged Tonsils or Adenoids.	Number in whom deafness was NOT associated with Enlarged Tonsils or Adenoids.	Percentage.		Percentage of deaf children with Adenoids to the total number of deaf children.
					Deafness associated with Enlarged Tonsils or Adenoids.	Deafness not associated with Enlarged Tonsils or Adenoids.	
5	Boys	3,518	13	14	0.37	0.40	"Entrants": 48.1
	Girls	3,256	15	15	0.46	0.46	50.0
6	Boys	938	4	11	0.42	1.17	26.6
	Girls	929	7	5	0.75	0.53	58.3
13	Boys	3,987	51	200	1.25	5.0	"Leavers": 20.3
	Girls	3,135	38	148	1.21	4.7	20.4
14	Boys	58	1	5	1.7	8.6	16.6
	Girls	70	1	7	1.4	10.0	12.5
Total	Both sexes	15,891	130	405	0.82	2.5	24.3

The above table is interesting as showing the relation between Enlarged Tonsils or Adenoids with deafness.

DEAFNESS.

Table 22.—*Showing the numbers of children who suffered from Deafness.*

Age.	Sex.	Numbers examined.	Cases of defective hearing.	Percentage.
5	Boys	3,518	27	0.76
	Girls	3,256	30	0.92
6	Boys	938	15	1.59
	Girls	929	12	1.29
13	Boys	3,987	251	6.29
	Girls	3,135	186	5.93
14	Boys	58	6	10.34
	Girls	70	8	11.42
Total	Both sexes ..	15,891	535	3.37

DISCHARGING EARS.

Table 23.—Showing the numbers of children who were found to have discharging ears.

Age.	Sex.	Cases examined.	Numbers with ear discharge.	Percentage.
5	Boys	3,518	26	0.73
	Girls	3,256	38	1.16
6	Boys	938	8	0.85
	Girls	929	6	0.64
13	Boys	3,987	43	1.07
	Girls	3,135	33	1.05
14	Boys	58	0	0.00
	Girls	70	1	1.42
Total	Both sexes ..	15,891	155	0.98

DEFECTIVE VISION.

Table 24.—Showing the numbers of cases of defective vision noted among boys and girls of different ages.

Age.	Sex.	Numbers examined.	Cases of defective vision.	Percentage.
5	Boys	3,518	17	0.48
	Girls	3,256	6	0.18
6	Boys	839	4	0.42
	Girls	929	3	0.32
13	Boys	3,987	683	17.07
	Girls	3,135	723	23.09
14	Boys	58	4	6.9
	Girls	70	12	17.1
Total	Boys	8,501	708	8.3
	Girls	7,390	744	10.1

Similar percentages were recorded in my Annual Education Report for 1913.

Table 25.—*Eye Defects.*

Classification.	Numbers examined.	Squint.		Blepharitis.	Conjunctivitis.	Corneal Opacities	Other.
		No. of Cases.	Percentage.				
Entrants—							
Boys ..	4,456	84	1.9	26	11	1	36
Girls ..	4,185	74	1.8	28	13	—	27
Leavers—							
Boys ..	4,045	24	0.6	16	3	2	19
Girls ..	3,205	32	1.0	24	8	1	26
Totals ..	15,891	214	1.3	94	35	4	108

The above table indicates the defects of the eyes other than defects of vision. As recorded last year, a greater proportion of infants are affected by " squint " than older children.

Table 26.—*Defects of Vision* :—

Classification.	Numbers examined.	Cases of defective vision.	
		More than 6–9ths.	6–9ths.
Leavers { Boys	4,045	353	239
Leavers { Girls	3,205	554	365

Teeth.—The following table shows that the number of children with defective teeth was sixty per cent. and upwards.

Table 27.—*Showing the percentage of children with teeth found to be defective, or in an unsatisfactory state as regards cleanliness.*

Age.	Sex.	Numbers examined.	Defective Teeth.		In an unsatisfactory state as regards cleanliness.	
			Number of cases.	Percentage.	Numbers of cases.	Percentage.
5	Boys	3,518	2,121	60.2	288	8.2
	Girls	3,256	2,018	61.6	231	7.4
6	Boys	938	619	66.0	90	9.5
	Girls	929	680	73.1	75	8.0
13	Boys	3,987	2,567	64.0	695	17.0
	Girls	3,135	2,387	76.1	429	13.7
14	Boys	58	40	69.0	9	15.1
	Girls	70	56	80.0	5	7.1

The subjoined table shows the number of children with four or more decayed teeth, and the number with less than four decayed teeth.

Table 28.

Age.	Sex.	Number examined.	Four or more defective teeth.	Less than four defective teeth.	Total number with carious teeth.
5	Boys ..	3,518	680	1,441	2,121
	Girls ..	3,256	577	1,441	2,018
6	Boys ..	938	206	413	619
	Girls ..	929	243	437	680
13	Boys ..	3,987	295	2,272	2,567
	Girls ..	3,135	244	2,143	2,387
14	Boys ..	58	4	40	44
	Girls ..	70	4	52	56
Total	Boys ..	8,501	1,185	4,166	5,351
	Girls ..	7,390	1,068	4,073	5,141
Total	Irrespective of sex	15,891	2,253	8,239	10,492

Epilepsy and Chorea.—The following table shows that sixteen children of all ages were brought to the notice of the school medical inspectors on account of epilepsy and eight on account of chorea or St. Vitus' dance. These figures do not represent the whole school population suffering from these diseases, as the worst cases are not attending school. The rule followed as regards school attendance in epilepsy, is to exclude those children who have fits frequently, or whose condition is co-existent with an inability to learn, or is likely to interfere with school discipline.

Table 29.—*Showing the number of cases of Epilepsy and Chorea which were reported at the inspections.*

Age.	BOYS.			GIRLS.		
	Numbers examined.	Numbers found to be suffering from		Numbers examined.	Numbers found to be suffering from	
		Epilepsy..	Chorea.		Epilepsy.	Chorea.
5	3,518	1	0	3,256	1	1
6	938	0	1	929	1	0
13	3,987	5	2	3,135	3	2
14	58	0	0	70	0	0
Other ages	805	1	1	891	4	1
Totals	9,306	7	4	8,281	9	4

Heart Disease.

Table 30.—*Showing the number of cases of Heart Disease discovered among children at the undermentioned ages.*

Age.	BOYS.			GIRLS.		
	Numbers examined.	Defects.		Numbers examined.	Defects.	
		Numbers	Percentage		Number.s	Percentage
5	3,518	35	0.9	3,256	19	0.6
6	938	12	1.2	929	12	1.3
13	3,987	74	1.9	3,135	65	2.1
14	58	0	0.0	70	1	1.4
Other Ages	805	14	1.6	891	13	1.5
Totals ..	9,306	135	1.4	8,281	120	1.4

Similar percentages were obtained during 1913. Periodical re-examinations by the school medical inspectors of all children with heart disease are necessary.

PARALYSIS AND DEFORMITY.

Table 31.—*Showing the number of cases of Paralysis and Deformity discovered among children at the undermentioned ages.*

Age.	BOYS.			GIRLS.		
	Numbers examined.	Defects.		Numbers examined.	Defects.	
		Numbers	Percentage.		Number	Percentage.
5	3,518	24	0.7	3,256	14	0.4
6	938	4	0.4	929	11	1.1
13	3,987	52	1.3	3,135	46	1.1
14	58	2	0.3	70	1	0.0
Totals ..	8,501	82	0.9	7,390	72	0.9

A slight improvement in these figures is noted during 1914, as compared with the year 1913.

TUBERCULOUS DISEASES.—The following tables show the number of cases of tuberculosis which have been discovered during the year under review.

Table 32.—*Showing the number of cases of phthisis, suspected phthisis, and other tuberculous conditions discovered among entrants and leavers in* 1914.

Sex.	Numbers examined.	Total cases discovered at ages 5, 6, 13 and 14.			Cases per 1,000 examined.		
		Phthisis.	Suspected Phthisis.	Other tuberculous conditions.	Phthisis.	Suspected Phthisis.	Other tuberculous conditions.
Boys	8,501	5	20	7	0.58	2.35	0.82
Girls	7,390	4	7	7	0.54	0.94	0.94

Table 33.—*Showing the age distribution of the above cases, and the rate per* 1,000 *of children found to be suffering from phthisis or other tuberculous conditions.*

Age.	Boys.			Girls.			Total.			Numbers examined.	Total rate per 1,000.		
	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.		Phthisis.	Suspected Phthisis.	Others.
5	1	14	2	2	2	0	3	16	2	6,774	0.44	2.36	0.29
6	0	4	1	0	1	2	0	5	3	1,867	0.00	2.67	1.60
13	4	2	4	2	4	5	6	6	9	7,122	0.84	0.84	1.26
14	0	0	0	0	0	0	0	0	0	128	0.00	0.00	0.00
Except. cases	8	13	1	10	11	2	18	24	3	1,696	10.61	14.15	1.77
Totals	13	33	8	14	18	9	27	51	17	17,587	1.53	2.84	0.95

Free facilities have been given throughout the year, whereby children suffering from tuberculosis can be treated at the twenty tuberculosis dispensaries which have now been provided by the Kent County Council.

When such can be arranged, I would recommend the universal adoption of open-air or playground classes. As I stated last year, from my previous experience, I am convinced that these classes are extremely valuable for children with anæmia and low resisting power generally.

TREATMENT.

(*f.*) *Review of the methods employed or available for the treatment of defects, such as defective eyesight, carious teeth, nasal obstruction or adenoids, tonsillitis, discharging ears, pediculosis, ringworm, and other skin diseases, including an account of the action of school nurses in obtaining or assisting in the treatment of such defects.*

Treatment if undertaken is obtained in one or other of the following ways :—(*a*) home remedies are applied, (*b*) a chemist or a less skilled person may be asked to suggest remedies, or in cases of eye defects, to fit a child with spectacles, (*c*) a doctor or dentist may be consulted either by *i.* paying a fee, *ii.* by the child being a member of some provident association, or *iii.* by obtaining an order from the relieving officer to obtain the help of the district medical officer, or (*d*) a recommendation for a hospital may be obtained.

The methods employed to ensure that treatment is obtained are briefly as follows :—It is an ordinary routine requirement that every parent should be notified of any defect from which a child may be found to be suffering. Every child in respect of whom such a recommendation has been made is re-examined on the occasion of the next inspection and where no action has been taken, a further recommendation is forwarded. In cases where treatment is a matter of urgency, a special letter is sent to the school correspondent directing attention to the defect and requesting the Managers to interest themselves in the case. A list of all children found to be defective at the medical inspection is forwarded to the Managers a few days subsequent to the inspection. Special efforts have been made to ascertain the reason why parents have failed to obtain treatment for the children in certain districts. In these places the parents have been requested to meet the medical inspector at the school so that they may have the benefit of a personal interview at which he can more fully explain the requirements of the case and also obtain reliable information as to the reason for the failure to obtain medical advice. In a few instances, after-care committees, comprising the managers and a few co-opted members, have been formed to interest themselves in the school children, and information for their use respecting defective children has so far been forwarded through the clerks of the local attendance committees. In those districts where nurses are engaged, a list of children requiring treatment is forwarded to the nurse who continues to visit the parents so long as she has any hope that the parents will ultimately follow her advice. In certain instances, Boards of Guardians have assisted either by the payment of railway fares or by

making a contribution towards the purchase of surgical appliances in cases of necessity.

In 1912, the Kent Education Committee approved a scheme of work for the further amelioration of defects found on medical inspection. This scheme comprised five chief sections :—

(*i.*) An extension of nursing arrangements.
(*ii.*) Establishment of school inspection clinics.
(*iii.*) Treatment of dental defects.
(*iv.*) Treatment of defects of vision.
(*v.*) X-ray work.

The progress from the point of view of amelioration may be best summed up by a sketch of what has been done in each of these five divisions.

(*i.*) It may be recalled that during 1912 the duties of local nurses working under the auspices of the Kent County and other Nursing Associations were extended so as to include visits to the schools.

In June, 1913, a nurse (Miss Thorne) was appointed for three months in order to assist in dealing with an outbreak of ringworm in the Ashford schools. At the end of this period it was decided that a second whole-time nurse should be added to the permanent staff, and Miss Thorne obtained the appointment. Her district was the South Eastern portion of Kent, Miss Griffin retaining the North Western portion. Miss Thorne was succeeded by Miss Scurlock in 1914.

An attempt has been made to secure the appointment of whole-time nurses in various parts of the county who would undertake work for the District Councils concerned in connexion with the Notification of Births Act, 1907, and also the work in connexion with school nursing and tuberculosis nursing for the Kent Education Committee and the Kent County Council respectively.

So far, these negotiations have been successful in Milton, Sittingbourne, Sheerness, Queenboro' and Sheppey but they have failed in Tonbridge and Sevenoaks.

The following are the names of the nurses dividing their whole time as above, or between school work and municipal work only :—

Nurse Stanley, Dartford.
Nurse Furminger, Sittingbourne and Milton.
Nurse Pelly, Northfleet and Strood Rural.
Nurse Somers, Sheppey, Queenboro' and Sheerness.

(*ii.*) The general objects of a school clinic were pointed out in the Annual Report for 1913. Briefly, they are as follows :—

(*a*) To serve as a centre from which all work associated with the welfare of children—other than that of routine inspection—could be supervised.

(*b*) To afford facilities for the examination of certain children, who cannot with advantage be examined in school buildings.

(*c*) To serve as a centre for co-ordinating the agencies for "following up."

(*d*) To afford facilities for the supervision of children suffering from such conditions as uncleanliness and ringworm.

(*e*) To enable a more complete supervision of all cases of phthisis to be exercised.

(*f*) The examination of children suffering from infectious ailments, before their return to school.

(*g*) To provide a centre to which attendance officers, school nurses, and head teachers may send children who are not under medical treatment, but who are absent from school for some indefinite reason.

(*h*) For the use of Care Committees in obtaining advice or information with regard to particular children.

The above statement, summarizing the general objects of the school clinic, was reproduced by Sir George Newman in his Annual Report for 1913 as Chief Medical Officer of the Board of Education.

He wrote as follows : "The above statement summarizes in fairly complete form the scope of work of the school clinic, short of the undertaking of remedial measures. The complete clinic has, however, the further object of serving as a centre where remedial measures of all or any kinds can be undertaken for the defects and ailments of school children. Such an organization is commonly known as the 'treatment clinic,' in contradistinction to the 'inspection clinic,' at which no treatment is undertaken. The distinction between the two classes is, however, a fine and arbitrary one, for it is a small step from the giving of advice by the doctor or nurse to the applying of simple remedies in the case of the minor ailments of school children."

At the end of the year 1913, the only school clinic at which treatment was given, and which was actually working was that at Sittingbourne—opened on November 15th, 1913. During 1914 two other treatment clinics were opened, namely at Ashford and Dartford, and during the early part of 1915 a fourth treatment clinic was opened at Tonbridge.

In addition to forming centres for the purposes already mentioned, these four clinics are being used for dental treatment, for ophthalmic work, and for the treatment of minor defects of the ears, skin, etc.

I am able to say that these clinics are now performing a most useful work which is being greatly appreciated by the parents of the children concerned.

Each school clinic is opened on Saturday mornings for treatment of the minor ailments. The work in connection therewith is carried out at Ashford, Dartford and Sittingbourne respectively, by Drs. Watts, Hamilton and Heggs, who are the district medical officers of health as well as part-time school medical inspectors in those districts.

During the latter portion of 1914 the work at the Dartford school clinic has been carried out by Dr. Farthing, the acting medical officer and school medical inspector at Dartford. Similarly, the work at the Sittingbourne school clinic has been carried out by Dr. Dorothy Pratt, a temporary whole-time medical inspector of the Kent Education Committee.

During the week also Dr. Fox attends each clinic as ophthalmic surgeon, and Mr. Thomas, the whole-time school dentist, also attends as required.

The hours of attendance at each school clinic are regular, and means have been taken to acquaint teachers and the public generally in the districts concerned with those particulars.

Clear and concise records are kept of all cases seen at each clinic, in card form, and of the action taken in regard to them. Full communications, when necessary, have been sent to head teachers and school attendance officers.

The respective school attendance officers are generally present at the school clinics on Saturday mornings.

Therefore, in Kent, it may be said, with truth, that every effort has been made to ensure the success of the school clinics which have been established. Other school clinics will be required in the county in future, if defects found as a result of systematic medical inspection are to be remedied.

DENTAL TREATMENT.

As mentioned in my last Annual Report, a whole-time school dentist, Mr. Thomas, was appointed at the end of 1913. He began his duties on January 1st, 1914, but left on September 11th, 1914, to take up military duties. In his absence, it will suffice to give an outline of his work, and to append a summary of work done during the year under review.

The dental surgeon visits the various schools in the neighbourhood of the school clinics, and examines all children between the ages of seven and eight, and selects such as are found to be in need of dental treatment. The parents of the children are communicated with, and if consent for the treatment is obtained, arrangements are made for their attendance at the clinics. At first there was considerable difficulty in securing the consent of many of the parents, but latterly they have recognized the benefits of the scheme, and are more anxious that their children should obtain the treatment offered. I must here mention that the success of the scheme is largely owing to the skill and consideration which Mr. Thomas has shown in dealing with young children.

The following scale of charges has been adopted :

Income of Parent.	Charge per attendance for treatment.
Under 24s.	Free
24s. 0d. and under 27s. 6d.	2d.
27s. 6d. ,, ,, 30s. 0d.	4d.
30s. 0d. ,, over	6d.

Summary of Dental Work carried out during 1914.

Number of girls examined	}	1,542
,, boys examined		
,, girls requiring treatment	}	1,236
,, boys requiring treatment		
,, children treated during the year ..		721
,, temporary teeth extracted		1,508
,, temporary teeth filled		317
,, permanent teeth extracted		160
,, permanent teeth filled		594
,, teeth dressed		127
,, children whose teeth were scaled ..		22
,, cases where local anaesthetics were administered		89

OPHTHALMIC WORK.

Dr. Fox has presented the following account of the ophthalmic work undertaken by him during the year 1914.

"As mentioned in the Annual Report for 1913, an ophthalmic clinic at Sittingbourne was established during December of that year. In January, 1914, a clinic for eye work was opened at Ashford, and in April, a third clinic was opened at Dartford. Each of these eye centres serves the school population of the town in which it is situated, together with surrounding country districts for a radius of six or seven miles.

The organization of the work is as follows : At the routine inspection of the schools served by the clinics, the medical inspector enters in a "log-book" the names of all children found defective and requiring treatment. Included amongst these names are those of children found to be suffering from eye defects. When the log-book arrives at the Sessions House, Maidstone, where it is sent immediately after an inspection, these latter names are extracted. The parents of the children concerned are written to, and asked if they are willing to avail themselves of the services of the Committee's ophthalmic surgeon and to purchase any spectacles which may be prescribed. When replies in the affirmative are received, arrangements are made directly with the parent as to when the defective child shall be taken to the clinic.

Each clinic is visited one half day per week by the ophthalmic surgeon, and the children whose visits have already been arranged are seen by him, and dealt with as may be found necessary. It is usually necessary, or at least desirable, for patients to pay a second visit a week later, and occasionally a third attendance even is unavoidable.

The Committee have undertaken no obligations with regard to the supplying of spectacles, but they have made arrangements with a firm of opticians, who undertake to supply the same at a specially low price. The parent, having obtained a prescription at the clinic, forwards it, together with a remittance, to these opticians. The opticians send the glasses to the ophthalmic surgeon at Maidstone, who sees that they have been prepared according to the prescription. If found correct, the spectacles are then finally despatched to the defective child.

The following table shows the main results of the year's work :—

Table 34.

	Sitting-bourne.	Ashford.	Dartford.	Total.
No. of patients attending	148	90	116	354
,, Spectacles prescribed	111	71	85	267
,, ,, obtained	92	67	70	229
,, Patients not requiring glasses ..	30	16	29	75
,, ,, failing to obtain ,, ..	19	4	15	38
,, ,, failing to attend clinic ..	12	4	9	25
,, ,, not completing treatment	7	3	2	12

No attempt has been made to deal with conditions other than errors of refraction, such conditions being referred to the ordinary clinic when deemed advisable.

I think that these figures may be regarded as satisfactory for a beginning. It will be noted that, out of 379 children for whom appointments were made, only twenty-five, or 6.6 per cent., failed to attend the clinic (though in some cases several appointments had to be made before attendance was finally secured). Glasses were prescribed for 267 children, and of these, thirty-eight, or 14 per cent., failed to obtain them. It is probable that more of the parents whose children only obtained prescriptions towards the close of the year may yet obtain the glasses, thus further improving the statistics.

When a child has been supplied with suitable spectacles, the case is not regarded as having been finally dealt with. Nurses visit the schools in order to see that the children actually wear their glasses and that the glasses fit comfortably. I have also visited a large number of the schools myself with the same object: In addition, re-examinations are necessary, for children with short sight are liable to an increase in their defect, and those with "long sight" may require weaker glasses in consequence of diminishing defect. It has not been possible, during 1914, to deal with this aspect of the work to the extent which its importance demands. Lists have been kept, however, giving the names of all the children for whom re-examinations are most urgent, and they will be seen again as soon as possible.

Besides correcting the visual defects of individual children, it is necessary that attention should be paid to the environment of these children, so far as this comes under the notice of the Education Committee. Eminent authorities are convinced that bad lighting, poor

print, faulty position of children in schools, etc., are potent factors in the production of defect of vision. These factors should receive the most serious attention ; for even if it be thought that there has been some exaggeration with regard to their effect on vision, yet they make unnecessary inroads on the total amount of energy which a child has available for benefiting from the education provided.

Opposite are tables showing the age and sex distribution of the cases of eye defect which have been found. When a child is suffering from different defects in the two eyes, such child has been classified under the more important, the other defect being recorded in brackets in its appropriate column. The ages from five to fourteen only have been dealt with.

In nearly all these cases the defect was found at the school medical inspection, and in the majority of cases the parent of the child was not previously aware of the defect. There were few children who showed signs of eye strain. The tables show certain features which have often been noticed in similar statistics, but the numbers are too small to form a basis for induction. It should be noted that the amount of short-sightedness increases with increasing age, and that squints are more frequent at the younger ages. This latter fact does not indicate that the condition which has given rise to a squint has undergone spontaneous cure. It often means that the squinting eye has become quite useless.

If reference be made to Table 24 it will be noted that 9.2 per cent. of children of routine age have defects of vision. If these defects are similarly distributed among the remaining age groups, then the total number of children in the area of the Kent Education Committee who require the services of an ophthalmic surgeon is approximately 8,000. It is obvious, therefore, that the eye work at present being done can only be regarded as local and initial."

Table 35.—Eye Defects.

SUMMARY—FEMALE.

Age.	Number of cases.	Emmetropia.	Hypermetropia.	Hypermetropic Astigmatism.	Mixed Astigmatism.	Myopic Astigmatism.	Myopia.	Signs of Eye Strain.	Squint.		Opacities.		Other diseases.
									Internal.	External.	Lenticular.	Corneal.	
14	15	1 (1)	3 (1)	4 (1)	2 (1)	5	4 (2)	3	—	—	—	—	—
13	46	7 (2)	5 (1)	15 (4)	5 (1)	8 (2)	2	2	3	1	2	1	2
12	20	2	3	4 (2)	4 (1)	4 (1)	—	—	—	—	—	—	—
11	21	4 (1)	2 (2)	9	4 (1)	2	—	8	—	—	—	1	1
10	16	3 (1)	3	6	2	2	—	2	1	—	—	—	1
9	14	2	1	3	3	3	—	4	1	—	1	2	2
8	19	2	4	9	2	(1)	1	2	5	—	—	1	5
7	24	2	9	10 (1)	1	1	1	1	11	—	1	—	1
6	11	2 (1)	3	2	2	—	1	3	5	—	—	—	—
5	11	2	(2)	6	—	—	—	2	7	—	—	—	1
Total	197	27 (6)	33 (6)	68 (8)	25 (4)	25 (4)	9 (2)	27	33	1	4	5	13

SUMMARY—MALE.

14	11	(2)	1	7	(1)	3	—	1	1	—	—	—	—
13	37	7 (2)	5 (2)	13 (4)	3	8	(2)	—	3	—	1	—	1
12	16	3 (1)	3 (1)	2	4 (1)	2 (1)	2	1	3	—	—	—	1
11	12	—	3 (1)	5 (1)	1	3	—	3	4	1		—	2
10	7	—	2	1	(1)	2	—	1	1	—	—	—	1
9	7	1	4	—	—	—	1	—	2	—	—	—	1
8	14	—	3	6 (2)	3	1	—	3	5	—	—	1	—
7	9	—	4	5	—	—	—	—	6	—	—	—	—
6	10	1	3 (2)	6	—	—	—	—	5	—		—	—
5	14	4 (1)	2	6 (1)	—	—	1	3	6	—	—	1	1
Total	137	16 (6)	30 (6)	51 (8)	11 (3)	19 (1)	4 (2)	12	36	1	1	2	7

Table 36.

ASHFORD SCHOOL CLINIC.

Annual Report for the Year 1914.

Date of opening of Clinic, February 7th, 1914.

Number of Saturday mornings open	41
Total number of new cases up to December 31st	305
Total number of attendances up to December 31st	574
Average attendance each Saturday	14

Cases which attended :—

Ringworm	65
Impetigo	44
Enlarged Glands	11
Discharging ears	9
Deafness	10
Tuberculosis	2
Suspected Phthisis	9
Mumps	1
Chicken-pox	1
Diphtheria	2
Scabies	8
Eye Defects and Diseases	21
Convalescent Scarlet Fever	19
Convalescent Diphtheria	14
Eczema	4
Alopecia	3
Adenoids	4
	227
Various other minor ailments	78
Total	305

Table 37.

DARTFORD SCHOOL CLINIC.

Annual Report for the Year 1914.

Date of opening of Clinic, February 7th, 1914.

Diseases.	Number of Patients.	Number of Attendances	Cases Treated.
Impetigo	51	139	46
Eczema	23	64	14
Sores	10	17	9
Verminous	7	14	1
Defective Sight	51	51	—
Conjunctivitis	44	199	39
Blepharitis	11	38	7
Dental Caries	41	41	—
Ringworm	17	83	10
Adenoids	9	11	—
Otitis Media	9	20	6
Gastritis	27	57	15
Bronchial Catarrh	9	9	—
Nasal Catarrh	1	4	—
Glands	7	11	2
Scoliosis	7	11	—
Various	64	131	27
Totals	386	896	176

Table 38.

SITTINGBOURNE SCHOOL CLINIC.

Annual Report for the Year 1914.

Cases seen	244
Attendances	946

Distribution of diseases in tabular form (shown on table facing this page).

The following is a summary of the action taken in respect of the 244 cases seen.

Treated at the Sittingbourne Saturday Clinic ..	79
Sent to Special Clinics	8
Sent to Tuberculosis Dispensary	13
Sent to Hospitals	21
Referred to own Medical Attendant	42
Examined in consequence of contact with, or as convalescent from infectious diseases	81
	244

Special :—

Of the 26 cases of ringworm, the following are recorded :

X-rayed ..	17	cured.
Treated at Clinic ..	2	cured.
	5	improving and still under treatment.
	1	not improving and still under treatment.
"Excluded" ..	1	from Rainham Cl., further action not recorded.
	26	
Exclusions ..	102	

(*v.*) X-RAY TREATMENT OF RINGWORM.—The arrangements with Dr. Palk, of Folkestone, for the X-ray treatment of ringworm have been continued. One guinea per case is charged to the Committee, and the parents contribute towards this expenditure according to their means, besides defraying their travelling expenses. Owing to difficulty of access, Folkestone is not available for North Kent, and the Committee have been able to arrange for cases occurring in their area to be treated at Guy's Hospital. The Authorities at Guy's Hospital make no charge, but any contributions of the parents are handed over to the hospital. The amount

Table 39.—Annual Report—Sittingbourne Clinic, 1914.

	No. of Cases.	Infectious Diseases.						Naso-pharynx.		Respiratory System.		Circulatory System.	Lymph. System.		Bones.		Digestive System.	Genito-urinary System.	General Debility.	Hered. Syphilis.	Skin.				Eyes.			Ears.	Nervous System.	Mental Defect.	Malformations.	Injuries.
		Scarlet Fever.	,, Contact.	Diphtheria.	,, Contact.	Chicken-pox.	Mumps.	Adenoids.	Other throat diseases.	Phthisis (susp.).	Other lung disease.	Heart.	Tuberculosis	Other.	Caries.	Other.					Impetigo.	Ringworm.	Verminous Conditions.	Others, non-contagious.	Defective Vision.	Disease of Cornea.	Disease of the Conjunctivæ.	Otorrhœa.				
Sittingbourne—																																
Holy Trinity	29	4	2	—	1	1	—	2	1	—	—	—	—	—	—	—	1	—	2	—	3	2	1	4	1	—	—	2	2	—	—	—
St. Michael's	26	—	7	—	—	—	—	—	1	2	1	—	1	—	—	—	—	—	1	—	6	—	—	3	—	2	—	1	1	—	—	—
Pembury Street ..	10	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	5	1	—	1	1	—	—	—	—	—	—	—
St. Michael's Mission ..	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—
Council	29	3	8	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	1	6	2	1	—	—	1	1	—	1	2	1
R.C.	10	3	1	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	—
Milton Regis—																																
Council	82	3	10	1	2	—	3	2	3	5	1	1	1	1	1	—	1	2	7	2	11	9	3	5	1	1	2	1	—	—	1	2
Ufton Lane	15	5	5	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	1	—	—	—	—
Milton Rural—																																
Rainham Cl.	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	—
Newington	5	—	2	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Murston	9	1	3	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Hartlip	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bredgar	7	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	3	—	1	—	—	—	—	—	—	—
Borden	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bapchild	4	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Stockbury	4	—	3	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	244	19	47	1	9	1	3	5	7	13	4	1	2	2	1	—	2	3	13	2	31	26	10	15	4	3	3	6	3	1	4	3

of work which has been done under this heading is considered on pages 36, 37 and 38.

Whole-time Nurses.—The following summaries will assist in the formation of an idea of the scope and amount of the work done by the two whole-time nurses :—

Table 40.

Summary of work carried out by Nurse Griffin during 1914.

School visits	73
New Schools visited for first time	14
Number of Girls examined	10,202
,, ,, re-examined	5,724
,, ,, found verminous	3,722
,, ,, excluded	272
,, Boys examined	4,637
,, ,, re-examined	2,751
,, ,, found verminous	168
,, ,, exeluded	60
Visits to children, or parents seen at school, for verminous conditions, Impetigo, etc.	31
Dental visits (Sittingbourne Clinic)	47
Visits to Ringworm Cases	487
,, ,, Guy's Hospital with X-ray cases ..	13
,, ,, Folkestone with X-ray cases	2
,, ,, Clinics	71
,, ,, Nurses	13
Number of Children X-rayed at Guy's Hospital ..	65
,, ,, Children X-rayed at Folkestone	15
,, ,, Prosecutions (children concerned, 28) ..	10
1 Lecture (R.W. Demonstration) to Nurses.	

Children excluded on account of—	
Verminous conditions	413
Impetigo	27
Ringworm	95
Sores	11
Scabies	7
Eye Conditions	5
Ear Conditions	—
Other Conditions	4
Total	562

Table 41.

Summary of work carried out by Nurse Thorne from January to October, 1914.

Number of	Schools visited		144
,,	girls examined		7,431
,,	examinations of girls		8,629
,,	girls found verminous		1,119
,,	girls excluded from school		339
,,	boys examined		6,679
,,	examinations of boys		6,983
,,	boys found verminous		87
,,	boys excluded from school		18
,,	new cases of Ringworm		72
,,	cases of Ringworm visited		70
,,	cases of Ringworm taken to Folkestone for X-ray treatment		34
,,	cases of Ringworm taken to Guy's Hospital Hospital for X-ray treatment		—
,,	visits to School Clinic		88
,,	visits to dental cases after an inspection by the School Dentist		135
,,	visits to cases of defective vision after an inspection by the Ophthalmic Surgeon		82
,,	children treated at the School Clinic for minor ailments		473
,,	children excluded from school on account of —		
	Impetigo	30	
	Verminous conditions	357	
	Ringworm	59	
	Sores	13	
	Scabies	10	
	Eye conditions	8	
	Ear conditions	4	
	Other conditions	15	
			496

Table 42.

Summary of work carried out by Nurse Stanley from February to December, 1914.

Number of	Schools visited		199
,,	girls examined		2,987
,,	examinations of girls		3,620
,,	girls found verminous		982
,,	girls excluded from school		55
,,	boys examined		2,309
,,	examinations of boys		2,441
,,	boys found verminous		99
,,	boys excluded from school		7
,,	new cases of Ringworm		21
,,	cases of Ringworm visited.		40
,,	cases of Ringworm taken to Folkestone for X-ray treatment		—
,,	cases of ringworm taken to Guy's Hospital for X-ray treatment		—
,,	visits to School Clinic		112
,,	visits to dental cases after an inspection by the School Dentist		82
,,	visits to cases of defective vision after an inspection by the Ophthalmic Surgeon.		8
,,	children treated at the School Clinic for minor ailments		882
,,	children excluded from school on account of—		
	Impetigo	48	
	Verminous conditions	32	
	Ringworm	17	
	Sores	13	
	Scabies	—	
	Eye conditions	47	
	Ear conditions	—	
	Other conditions	12	
	Total	169	

Table 43.

Summary of work carried out by Nurse Furminger from June to December, 1914.

Number of	Schools visited		37
,,	girls examined		3,714
,,	examinations of girls		1,300
,,	girls found verminous		71
,,	girls excluded from school		82
,,	boys examined		—
,,	examinations of boys		—
,,	boys found verminous		—
,,	boys excluded from school		—
,,	new cases of Ringworm		24
,,	cases of Ringworm visited		10
,,	cases of Ringworm taken to Folkestone for X-ray treatment		—
,,	cases of Ringworm taken to Guy's Hospital for X-ray treatment ..		—
,,	visits to School Clinics		83
,,	visits to Dental cases after an inspection by the School Dentist ..		—
,,	visits to cases of defective vision after an inspection by the Ophthalmic Surgeon		—
,,	children treated at the School Clinic for minor ailments		942
,,	children excluded from school on account of—		
	Impetigo	56	
	Verminous conditions ..	166	
	Ringworm	55	
	Sores	16	
	Scabies	2	
	Eye conditions	9	
	Ear conditions	3	
	Other conditions	76	
	Total	383	

Table 44.

Summary of work carried out by Nurse Pelly from October to December, 1914.

Number of	schools visited	35
,,	girls examined	2,972
,,	examinations of girls	3,442
,,	girls found verminous	1,013
,,	girls excluded from school	100
,,	boys examined	2,063
,,	examinations of boys	2,133
,,	boys found verminous	78
,,	boys excluded from school	10
,,	new cases of Ringworm	5
,,	cases of Ringworm visited	4
,,	cases of Ringworm taken to Folkestone for X-ray treatment	—
,,	cases of Ringworm taken to Guy's Hospital for X-ray treatment	—
,,	visits to dental cases after an inspection by the School Dentist	—
,,	visits to cases of defective vision after an inspection by the Ophthalmic Surgeon	—
,,	children excluded from School on account of—	
	Impetigo	11
	Verminous conditions	106
	Ringworm	7
	Sores	2
	Scabies	1
	Eye conditions	—
	Ear conditions	—
	Other conditions	—
	Total	127

Table 45.

Summary of work carried out by Nurse Somers from May to December, 1914.

Number of	Schools visited	18
,,	girls examined	1,972
,,	girls re-examined	510
,,	girls found verminous	55
,,	girls excluded from school	87
,,	boys examined	897
,,	boys re-examined	66
,,	boys found verminous	3
,,	boys excluded from school	13
,,	new cases of Ringworm	29
,,	cases of Ringworm visited	29
,,	cases of Ringworm taken to Folkestone for X-ray treatment	3
,,	cases of Ringworm taken to Guy's Hospital for X-ray treatment ..	5
,,	visits to dental cases after an inspection by the School Dentist	—
,,	visits to cases of defective vision after an inspection by the Ophthalmic Surgeon	—
,,	children excluded from school on account of—	
	Impetigo	8
	Verminous conditions ..	58
	Ringworm	29
	Sores	1
	Scabies	2
	Eye conditions	1
	Ear conditions	—
	Other conditions	1
	Total	100
	Home visits	715

Part-time Nurses.—These nurses are local district nurses working under the auspices of the Kent County or other Nursing Associations, through which the Education Committee has made arrangements for utilizing their services. The chief duties in connexion with the school children are :—

(1). To be present at the medical inspection.

(2). To visit the parents of children found defective thereat, and encourage these parents to obtain adequate treatment.

(3). To treat certain minor ailments, and to assist medical practitioners in the treatment of other ailments when such assistance is welcomed.

(4). To visit the schools and inspect all the children in attendance, when requested to do so by the School Medical Officer.

Exclusions.

Table 46.

Exclusion certificates have been issued for the following conditions :

	Medical Inspectors	Nurses.	Total.
Ringworm	247	183	430
Impetigo and Sores	180	84	264
Scabies	22	8	30
Mumps	35	5	40
Scarlet fever and various rashes	13	9	22
Chicken-pox	10	4	14
Sore throat	49	14	63
Tuberculosis and suspected Tuberculosis	72	—	72
Conjunctivitis	31	5	36
Pulmonary affections (non-tubercular)	25	—	25
Verminous conditions	161	859	1020
	845	1171	2016

Of the 859 children excluded by nurses for verminous conditions, 99 were excluded on two separate occasions, 18 on three occasions, and 2 on more than three occasions.

Table 47.

Exclusions by Private Practitioners.

Disease.	Period of Exclusion.			Total.
	4–5 weeks.	6 weeks & over.	Indefinite.	
Phthisis	—	—	1	1
Other Tuberculous Diseases	1	—	—	1
Contagious and Infectious Diseases—				
Ringworm	1	—	1	2
Whooping Cough	3	—	—	3
Diphtheria	2	—	—	2
Contact with infectious disease ..	—	—	1	1
Eye diseases and defects	—	1	1	2
Chorea	—	—	1	1
Mentally defective, Epileptic and Neurotic children	1	—	1	2
Debility (General)	2	1	1	4
Anæmia	2	—	—	2
Poisoned finger	1	—	—	1
Weakness	—	1	1	2
Rheumatism	—	1	—	1
Bronchitis	—	1	—	1
Heart Disease	—	1	—	1
Spinal Disease	—	1	2	3
Asthma	—	2	—	2
Lymphadenoma	1	—	—	1
Neurasthenia	—	1	—	1
Nephritis	—	1	—	1
	14	11	10	35

Regulation 194 (*b*) requires that the names of all children who receive medical certificates allowing absence for one month or more, must be reported to the School Medical Officer. This instruction has reference to certificates given by practitioners who are not medical inspectors, and in compliance with the above regulation, thirty-five certificates were received. In certain cases, certificates requiring exclusion for a shorter period were forwarded. It is now necessary for every certificate requiring exclusion of a child, issued by a medical practitioner, to be entered in the medical log-book. These certificates are scrutinized by the medical inspectors at the routine inspection and any children who have been so excluded are examined, provided the cause of absence indicates that such examination is desirable.

In certain of the above instances, enquiries were deemed necessary, and in a large number of cases the school attendance officer was requested to arrange that the children excluded should be presented at the next inspection.

INFECTIOUS DISEASES.

(*g*) *Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles* 45 (*b*), 53 (*b*), *and* 57 *of the Code of* 1908.

When a head teacher has reason to believe that a child is suffering from scarlet fever, diphtheria or typhoid fever, the circumstances should be reported both to the medical officer of health for the district and to the School Medical Officer on forms supplied for that purpose. As regards other infectious diseases, such as measles, whooping-cough, mumps and the like, teachers are similarly instructed to report the existence of such diseases to the medical officer of health of those districts where special arrangements have been made for that purpose. These arrangements are only made when the local organization is such that it is possible to put to practical use the information conveyed by the teacher. In other instances, the instructions forwarded to head teachers state that "the School Medical Officer should be notified when there is reason to believe that a school is threatened with an epidemic of measles or whooping-cough. A visit of the medical inspector will be arranged, for the purpose of giving advice as to the course of action to be followed.

All teachers are provided with information respecting the symptoms of the commoner zymotic ailments and the chief epidemiological features of these diseases, as well as suggestions relating to the duration of exclusion of patients and contacts. A pocket memorandum, setting out the main features presented by the commoner infectious diseases observed in schools, has likewise been prepared ; and each teacher in the Committee's employ has been supplied with a copy.

The precautionary notices, prepared previously, and approved by the Committee for distribution in schools threatened with outbreaks of scarlet fever, diphtheria, whooping-cough or measles, are forwarded to a school when considered desirable.

Arrangements have been made to ensure that the best use is made of the information obtained from the compulsory notification of pulmonary tuberculosis.

School Closures.—The following tabulation sets out the number of school closures, the different diseases which called for that step, and the duration of closure.

Table 48.

Reason of Closure	Under 1 week.	1–2 weeks	2–3 weeks	3–4 weeks	4–5 weeks	5–6 weeks	6 weeks & over	Total.
Scarlet Fever	5	4	8	2	—	—	1	20
Diphtheria	—	6	5	2	1	1	—	15
Measles	1	1	6	4	6	1	—	19
Whooping Cough ..	—	1	3	5	2	1	1	13
Chicken-pox	—	2	—	—	—	—	—	2
Mumps	1	2	1	2	1	—	—	7
Scarlet Fever and and Diphtheria ..	1	2	1	1	—	—	—	5
Scarlet Fever and Chicken-pox ..	1	1	—	—	—	—	—	2
Scarlet Fever and Impetigo	—	1	—	—	—	—	—	1
Measles and Whooping-Cough	—	—	—	—	1	—	—	1
Measles and Chicken-pox	—	—	1	3	—	—	—	4
Measles and Mumps ..	—	—	1	—	—	—	—	1
Measles, Mumps and Chicken-pox ..	—	—	—	—	1	—	—	1
Whooping Cough and Chicken-pox ..	—	—	—	1	—	—	—	1
Mumps and Chicken-pox	2	1	—	—	—	—	—	3
Totals	11	21	26	20	12	3	2	95

Very few schools were closed by Local Sanitary Authorities under Sec. 57 of the Education Code.

I do not consider that the question of school closure is satisfactorily met by present procedure. As pointed out previously, it frequently happens that epidemic prevalence of infectious diseases arises independently of the schools. It affects attendance just the same, and there is always the temptation to yield to economic consideration and close the affected schools in order to save grant. In assessing the amount of grant, it might be possible to consider the general efficiency of a school, instead of merely noting the average attendance, but this is outside my province.

The disinfection of schools and the closure of Sunday schools are provided for in the two following regulations :—

"After a school has been closed on account of the prevalence of infectious disease, it is necessary that a special wet-cleansing of the whole school should be carried out. All surfaces which can be washed should be so treated. All maps, pictures, and other articles liable to retain dust should be taken down and wet-cleansed ; cupboards should be opened, and all useless litter destroyed. Authority for the destruction of stock articles should be sought on Form St. 505 (Committee's Regulations, paragraph 97). In those districts where the disinfection of premises after scarlet fever and diphtheria is undertaken by the Sanitary Authority, it would be advisable for the Managers to arrange for the final special cleansing to follow that process. If a supply of disinfectant is required for adding to the water for use in scrubbing the floors, the same should be applied for to the Kent Education Committee on the usual requisition form.

"When a school has been closed to prevent the spread of infectious disease, it is desirable that the Sunday Schools in the area from which the children are drawn should be closed also for the same period, although they are not held in the school buildings."

The following rules, which refer to infectious diseases, are contained in "Regulations for School Attendance Officers":—

13. "All schools should be visited as soon as possible after re-opening (including re-opening after closure for infectious disease)."

15. "The Officer should without delay notify to a head teacher any information that he may obtain with regard to the outbreak of any infectious disease in the district served by the school."

16 (*b*) "The Officer should give special attention to any district that is visited or threatened by an epidemic. In such cases more frequent visits should be made, all absentees should be looked up, and the School Medical Officer should be informed of all suspected cases of compulsorily notifiable diseases that are not under the supervision of a medical man."

Medical inspectors continue to co-operate with district medical officers of health, by assisting in the investigation of outbreaks of infectious diseases, affecting schools.

MENTAL DEFICIENCY.

At my request Dr. Fox has prepared the following statement respecting this subject :—

"Problems arising from the presence of numerous mentally defective persons in the community have received increasing attention during the past twenty years. In 1904, a Royal Commission was appointed to enquire into the subject and to report as to the amendments in the law or other measures which should be adopted. The report and the recommendations of the Commission were published in 1908. In 1913 and 1914

new legislation was passed, with the object of protecting both the community and the defective persons. This new legislation places certain obligations on Local Education Authorities, and will no doubt arouse additional interest in the feeble-minded child.

" The time is therefore opportune for giving a brief account (*a*) of the mentally defective child, (*b*) of the problems to which his presence gives rise, (*c*) of the obligations of Education Authorities in the matter, and (*d*) of the present position in the administrative area.

" (*a*) The Mentally Defective Person.—The connotation of the term ' mental deficiency ' excludes lunacy, or degenerations taking place in brains which have previously undergone normal development. The mentally defective child is defective from birth or from an early age. His intelligence fails to develop, or suffers an arrest of development. Every degree of defect exists—from a slight blunting of the intelligence, which attracts no notice, to its entire absence, as seen in the famished idiot who does not swallow the food placed in its mouth. From a medical point of view, no entirely satisfactory classification of these children has yet been made. The legal classification follows the lines recommended by the Royal Commission and is entirely practical in its scope. In the Mental Deficiency Act, 1913, the following classes of persons are deemed to be defective :—

(1) *Idiots*, or persons unable to guard themselves from common physical dangers ;

(2) *Imbeciles*, or persons whose defect is so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so ;

(3) *Feeble-minded persons*, or persons who require care, supervision and control for their own protection or for the protection of others, or, in the case of children, who apear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools ;

(4) *Moral Imbeciles*, that is to say, persons who from an early age display some permanent mental defect coupled with strong, vicious or criminal propensities on which punishment has had little or no deterrent effect.

" The idiot and the imbecile have long been recognized, and it has been possible to deal with them under the Lunacy Acts ; but the questions of feeble-mindedness and moral imbecility have only recently received some of the attention they deserve. Of these four classes of defectives, ' feeble-minded persons ' are of the greatest interest to an education authority, owing to their amenability to special educational methods, in the case of children, and to their relative preponderance. The definition of this class of persons is by no means free from difficulties. The

degree of defect necessary to constitute feeble-mindedness within the meaning of the Act seems to be a variable quantity which, in the case of adults, can only be determined by a consideration of the person's mentality in relation to other factors, such as his environment. A degree of intelligence which would suffice to enable a low grade farm labourer to carry out his duties and to maintain himself would hardly be adequate to enable his contemporary of a similar social grade to support himself in a busy town. There is also some uncertainty as to the degree or nature of the defect which should be deemed sufficient to require supervision and control for the protection of others. The mother of a large family might suffer from a certain degree of defect which would make supervision imperative for the sake of the children, whilst a similar defect in a childless woman might conceivably incommode no-one. In the case of children, the diagnosis of feeble-mindedness is less dependent on extrinsic factors. Here, the certifying officer has to consider two main points—first, the degree of defect, whether it is sufficient to prevent the child from receiving ' proper ' benefit from the instruction given at an ordinary school ; or, if the defect be marked, whether it is so great as to render the child ineducable. Secondly, he must consider the nature of the defect, that is, whether it is permanent or not. In the majority of cases, it is possible to arrive at a conclusion with a reasonable amount of certainty, but, in cases approaching the normal, on the one hand, or imbecility on the other, it may be impossible to form an adequate opinion until the child has been carefully watched for some months. There is a third class of cases which also gives rise to difficulty. It consists of children whose development is only retarded, sometimes owing to unfavourable environment, but more often for reasons which remain undiscovered.

" The ordinary feeble-minded children can be divided into two well-marked groups. (1) Those who are incapable of making progress in the three ' R's,' but who are able to hold their own in the playground and are not lacking in some powers of observation and in manual dexterity. To take an example, a child of this group, aged nine, was able to describe a duck with considerable wealth of detail, but he had no conception of quantity in the abstract and apparently could not be taught to add together two and three. He only knew his letters imperfectly, though his attendance at school was regular. (2) Those whose whole intelligence is clouded. These children cannot learn at school, and gain little knowledge of their surroundings out of school. They are usually listless, physically and mentally.

" It will have been noticed that the fourth class of mental defectives consists of ' moral imbeciles.' A moral imbecile is a child who is feeble-minded as above explained, but who in addition is devoid of a moral sense. There are, however, far more children who, though they do not quite lack a moral sense, are yet defective in this respect. Whilst the term ' moral sense ' may be adequate to convey the desired meaning, it must not be supposed that there can be a special localized defect which gives rise to vicious or criminal propensities. Moral perception is lacking or defective in these children because they are unable to appreciate the concepts on which such perceptions or rather judgments are founded. They cannot subordinate the present for the sake of an unrecognized future, nor abstain from appropriating articles which attract them when the notion of personal property is absent. The majority of these children may be trained to behave correctly under given circumstances; but as their behaviour is not dependent on understanding, but has been acquired parrot-fashion, they have few or no general guiding principles which will enable them to meet other circumstances arising after they have left the special school. It is, therefore, imperative that their training should be *followed up by adequate care and supervision.* Other cases are not amenable to discipline and special instruction; and for these, permanent segregation may be necessary. They are the ' moral imbeciles.'

" (*b*) Social Problems Resulting from the Presence of Mentally Defective Persons in the Community. The condition of idiots and imbeciles is so pronounced that they can usually be recognized at sight. Being recognized for what they are, no great difficulties arise in connection with them. If they cannot be cared for properly by their relatives, the dictates of humanity require that they shall be cared for by the community. Hitherto, it has only been possible to deal with them under the Lunacy Acts. Now they must be dealt with by the Local Control Authorities established under the Mental Deficiency Act of 1913. The persons referred to do not marry, and, as a rule, their defects are not handed down to posterity. With regard to the feeble-minded, however, the position of affairs assumes a very different aspect. We are at once brought face to face with the great social questions of pauperism, crime and prostitution. The general aspect and behaviour of the feeble-minded person are not strikingly different from the normal. As a consequence, he has not always, or indeed generally, been recognized for what he is. His inability to compete successfully with his fellows leads him to poverty, and his inadequate perception of moral values, or his lack of resistance to the influences of an unsuitable environment, leads him to crime. For

similar reasons he may fall a victim to drink. In the past, his poverty has been attributed to a culpable thriftlessness, and his criminal acts to voluntary and responsible wickedness. If he became a drunkard, his weak intellect, if discovered, would have been attributed to the alcohol. With these views as to cause and effect in mind, the corresponding and appropriate measures have been adopted by the responsible authorities for effecting his reformation ; and it is no longer surprising that they have failed to accomplish their purpose.

" With the recognition of the association of degraded social conditions with feeble-mindedness, there arise new responsibilities which must be met by the community, if only for its own protection. With regard to these new responsibilities, the Local Education Authority will occupy a foremost position. In order to deal with the feeble-minded, it is first necessary to recognize them ; and the machinery for this already exists in the organization for the medical inspection of school children. The feeble-minded child may thus be caught early, and, while he is still malleable, those influences may be brought to bear upon him which experience shows to be best suited to turn him into a more or less useful citizen.

" There is still another aspect of feeble-mindedness to which I have not yet referred, but which I regard as the most important. *The condition is hereditary.* The fact that mental defect is inherited has been established beyond doubt, and the consequences arising therefrom demand the gravest consideration from a eugenic point of view. The fecundity of the feeble-minded is greater than that of the general population, and their numbers must eventually embarrass the State. Various measures have been suggested for dealing with this problem, such as segregation or sterilization. Even if these measures could be shown to be practicable, which I doubt, they could not be adopted without a more informed public opinion. But here, also, an Education Authority is in a position to do useful, and I think necessary, work, by guiding public opinion. The present activities of an Education Committee directly influence only the *individual* ; it is at least as important that they should tend to improve the *race.* Young manhood and womanhood are given facilities for acquiring technical or domestic skill, for developing their æsthetic tastes, etc. If they could also be warned against associating themselves in marriage with the taint of feeble-mindedness, a more permanent benefit could be expected. It might be possible to introduce the subject in a short survey of biological principles. The great difficulty would be to reach a sufficiently wide audience to produce an appreciable effect, but such a difficulty should not be insurmountable.

"(*c*) OBLIGATIONS imposed on Local Education Authorities. The education of feeble-minded children has received some attention on the Continent for many years. A residential school for such children was established at Salzburg in 1828, and in 1880 all the larger Prussian towns were required to provide special schools. In this country, special educational effort was confined to the inmates of imbecile asylums, until 1892, when schools for the feeble-minded were opened in London and Leicester.

"In 1899, the first Elementary Education (Defective and Epileptic Children) Act was passed. This Act gave Local Educational Authorities power to provide for the education of defective and epileptic children; and encouraged them to do so by means of special grants. The Committee's special day schools at Dartford and Tonbridge have been established under this Act.

"The Mental Deficiency Act was passed in 1913. Sec. 31 (1) places certain duties on Local Education Authorities, viz., to make arrangements

(1) for ascertaining what children within their area are defective within the meaning of the Act;

(2) for ascertaining which of such children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in special schools or classes.

(3) for notifying to the local control authority the names and addresses of defective children with respect to whom it is the duty of the local education authority to give notice under the provisions hereinbefore contained.

"The cases which must be notified to the local control authority are specified in Sec. 2 (2), and comprise all idiots and imbeciles and all feeble-minded children over the age of seven, '(*a*) who cannot be instructed in a special school or class without detriment to the interests of the other children, or as respects whom the Board of Education certify that there are special circumstances which render it desirable that they should be dealt with under the Act by way of supervision or guardianship; (*b*) who on or before attaining the age of sixteen are about to be withdrawn or discharged from a special school or class, and in whose case the Local Education Authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship.'

"The Board of Education have issued Model Arrangements for assisting Local Education Authorities to carry out their duties, and these have been adopted by the Committee, without alteration.

"The Elementary Education (Defective and Epileptic Children) Act, 1914, amends the 1899 Act already referred to, by converting dis-

cretionary powers into obligations. It is now the duty of Education Authorities to make provision for the education of feeble-minded children whose ages exceed seven years. Such provision may be made by all or any of the following means :—

(*a*) by classes in public elementary schools certified by the Education Department as special classes ; or

(*b*) by boarding out any such children in a house conveniently near to a certified special class or school ; or

(*c*) by establishing schools, certified by the Education Department, for defective children.

" Under certain circumstances set out in Sec. 1 (1) of the 1914 Act, the obligations of Local Education Authorities are limited. Thus, there shall be no duty ' to establish a certified school for boarding and lodging mentally defective children, unless the Board of Education are satisfied, after considering the reports of approved medical practitioners, and after consultation with the Local Education Authority, that there are not less than forty-five mentally defective children belonging to the area for whose education suitable provision cannot be made in any other way.' In a large county area, such as the administrative area of the Kent Education Committee, there can be no question as to the necessity for making some provision for the feeble-minded, other than by means of special classes or day schools situated conveniently near the homes of the affected children. The question is whether it will be found possible to make suitable arrangements for the boarding out of all such children from sparsely populated districts, or whether it will be necessary to build one or more residential schools. It has been noted that feeble-mindedness is hereditary, a statement which will be forcibly impressed if visits be paid to the homes of the children. I have visited a large number of these homes, and am strongly of opinion that continued residence therein must largely counteract the benefits which the children might receive at the special day school. Under these circumstances, I do not think that the greatest good will be accomplished by attempting so to provide additional centres that the largest proportion of the afflicted children may reach them from their homes. The majority of these children require constant care ; and they can only obtain this care at a suitably staffed residential school, or if boarded out with persons who understand their weaknesses. It will probably be difficult to find an adequate number of suitable homes ; I think, therefore, that it is desirable that the Committee should consider the question of establishing, at any rate one residential school.

" (*d*) Present Position in the County. Since the initiation of medical inspection in the elementary schools, records have been kept

showing the age and sex distribution of mentally deficient children in the Committee's area, cases being added as they have been reported, and being removed from the list as they have attained the age of sixteen, or otherwise been lost sight of. The appended table shows the sex and distribution of 287 cases. Since the Elementary Education (Defective and Epileptic Children) Bill, 1914, was introduced, an attempt has been made to revise this list, but the revision is not yet complete. The table cannot, therefore, be relied upon as giving an accurate statement of affairs ; but the total given can certainly be regarded as the minimum number of children requiring to be dealt with under the Acts of 1913 and 1914. Of these children, forty-four are in attendance at the Tonbridge special school which was opened in October, and some are at the Dartford special school, where the attendance is at present forty-six. During the last few months of the year, ninety-seven of these children were examined or re-examined with a view to their formal certification under the 1913 Act. Of these ninety-seven, forty-efght boys and twenty-four girls were found to be feeble-minded ; twelve boys and eight girls to be imbeciles ; and two boys and one girl to be idiots. The remaining two boys were certified to be moral imbeciles.

"Numerous local enquiries as to the incidence of feeble-mindedness have been conducted both in this country and abroad. The results obtained suggest that in any given area, it may be expected that a minimum of 1 per cent. of the children in attendance at the public elementary schools would be found to be feeble-minded. If these specific enquiries can be held to give results of general validity, then one would expect to find about 800 feeble-minded children in the area of the Kent Education Committee. Whether this be so or not, I am of opinion that there are many feeble-minded children in the county of whom the Committee have no cognisance. The difficulties of recognition are considerable, and a child's backwardness is often erroneously attributed to anything except the real cause. It does happen, too, that a teacher who is justly proud of the good results which he has obtained in certain cases of backwardness by reason of the excellence of his disciplinary and pedagogic methods, resents the suggestion that there may be children who could be dealt with more effectively elsewhere. There are other reasons why the feeble-minded child is not brought forward for examination at the medical inspections, and he is therefore often missed. In these circumstances, I suggest that a systematic enquiry be made throughout the county in order that the true position may be more precisely determined."

Table 49.

DISTRIBUTION OF MENTALLY DEFECTIVE CHILDREN.

District.	Boys.	Girls.	Total.
Ashford	7	3	10
Ashurst	—	1	1
Aylesford	1	1	2
Bexley	1	2	3
Bexley Heath	2	—	2
Boughton	1	—	1
Bredgar	1	—	1
Birchington	1	—	1
Birling	—	1	1
Blean	—	1	1
Bonnington	1	—	1
Boughton-under-Blean	—	1	1
Bredhurst	1	—	1
Brenchley	1	—	1
Broadstairs	6	1	7
Capel	8	—	8
Chartham	1	1	2
Chelsfield	1	2	3
Cheriton	—	1	1
Chiddingstone Hoath	1	—	1
Chilham	1	1	2
Cobham	1	—	1
Dartford	16	7	23
Denton	—	1	1
Doddington	1	—	1
Dunkirk	—	1	1
Dunton Green	2	2	4
East Peckham	1	—	1
Eastry	2	—	2
Edenbridge	1	2	3
Elham	1	—	1
Farleigh	—	2	2
Farnborough	1	3	4
Farningham	—	1	1
Fawkham	—	1	1
Footscray	2	—	2
Frittenden	1	—	1
Goudhurst	2	1	3
Guston	1	—	1
Hawkhurst	2	1	3
Headcorn	2	1	3
Carried forward	71	39	110

	Boys.	Girls.	Total.
Brought forward	71	39	110
Herne Bay	1	1	2
Hernhill	1	1	2
Hever	1	1	2
Hildenborough	3	—	3
Hoath	1	—	1
Hollingbourn	2	—	2
Horsmonden	2	—	2
Horton Kirby	1	1	2
Hunton	1	—	1
Hythe	9	3	12
Kemsing	1	—	1
Kennington	—	2	2
Kingsdown	—	1	1
Langley	—	1	1
Leigh	—	1	1
Longfield	1	—	1
Lydd	—	1	1
Marden	1	—	1
Milton Regis	—	1	1
Murston	1	—	1
Nettlestead	1	—	1
Nonnington	1	—	1
Northbourne	1	—	1
Northfleet	7	2	9
Orpington	2	—	2
Otford	1	—	1
Otham	1	—	1
Pembury	3	2	5
Petham	1	—	1
Preston	—	1	1
Paddock Wood	—	1	1
Queenborough	1	—	1
Rainham	3	1	4
Rolvenden	—	1	1
Romney Marsh	—	1	1
Ruckinge	1	—	1
St. Mary Cray	—	1	1
Saltwood	1	—	1
Sandwich	—	1	1
Selling	2	—	2
Sellindge	1	1	2
Sevenoaks	2	2	4
Carried forward	126	67	193

District.	Boys.	Girls.	Total.
Brought forward	126	67	193
Shadoxhurst	1	—	1
Sheerness	2	—	2
Sheldwich	—	1	1
Sittingbourne	2	2	4
Smarden	1	1	2
Southborough	17	7	24
Speldhurst	1	1	2
Staple	2	—	2
Staplehurst	2	—	2
Stockbury	1	—	1
Stone, Dartford	1	1	2
Sturry	2	—	2
Sutton Valence	1	—	1
Swanscombe	1	4	5
Tenterden	3	—	3
Tilmanstone	1	1	2
Tonbridge	10	8	18
Trottersclife	1	1	2
Waldershare	1	—	1
Walmer	2	—	2
Wateringbury	—	1	1
Westbere	1	—	1
Westerham	1	1	2
West Malling	3	—	3
West Peckham	1	1	2
Westwell	1	2	3
West Wickham	—	1	1
Wickhambreaux	1	—	1
Willesborough	1	—	1
Wingham	1	1	2
Wouldham	2	—	2
Wrotham	—	2	2
Yalding	2	2	4
Total	192	105	297

A number of the above children are over school age; 33 others do not attend school on account of the severity or nature of their affliction.

Table 50.—Schools at which mentally defective children are known to be in attendance.

SCHOOL.	APPROVED CASES. Under 13. B	G	13 and over. B	G	For re-exam'n. B	G
Alkham C.E. ..					1	
Ashford West Street	1		1			
,, Council	2	1		1		1
,, New Town ..	1				1	
,, Victoria Road R.C. ..				1		1
Ashurst		1				
Bexley Lamorbey C.E. ..	1					
,, Welling Cl. ..	1		1			
Birchington C.E. ..			1			
Birling Ham Hill C.E.				1		
Blean				1		
Bonnington C.E. ..			1			
Boughton-under-Blean C.E. ..		1				
Bredhurst C.E.	1					
Brenchley C.E.	1					
Broadstairs C.E. ..	1					
,, St. Peters ..	2		3	1		
Capel Council	6		2			
Chartham Council ..		1	1			
Chelsfield Council ..	1	1				
Cheriton New Cheriton C.E.		1			1	
Chilham			1	1		
Darenth Council ..					1	
Dartford—						
Heath Street Cl. ..	2	4	8			
St. Alban's Rd. Cl.	1	1		2		
West Hill Council	2		1			
York Road Council	1		1		1	
Doddington Council	1					
Dunkirk Council ..				1		
Dunton Green			2			
East Farleigh Council				1		
Eastry	1		1			
Edenbridge C.E. ..		1	1	1		
Farnboro' Council ..		1	1	2		
,, Green Street Green Cl. ..					1	
Fawkham				1		
Footscray & Chislehurst C.E.						1
Footscray Longlands Council	1					
Footscray Sidcup C.E	1				1	
Goudhurst C.E. ..	1	1				

SCHOOL.	APPROVED CASES. Under 13. B	G	13 and over. B	G	For re-exam'n. B	G
Hawkhurst C.E. ..	1		1			
,, Highgate C.E.				1		
Herne Bay Council ..			1	1	1	2
Hernhill C.E.				1		1
Hever C.E.	1					
Hever Markbeech C.E				1		
Hildenboro' C.E. ..	3					
Hollingbourn Cl. ..	1					
Hoo St. Werburgh Cl.					1	
Horsmonden All Saints' C.E.			1			
Horton Kirby	1	1				1
Hunton			1			
Hythe Council	6		1		1	
,, C.E.	1	2	1	1		1
Kennington		1				
Langley				1	1	
Leigh C.E.				1		
Longfield C.E. ..	1					
Lydd Council		1				
Marden Council	1	4	1			1
Milton Regis The Butts	1					
Murston			1			
Nettlestead C.E. ..	1					
Northfleet C.E.		1	1	1		
,, Dover Rd. Cl.	1					
,, Lawn Council	1		3			
North Preston Without Council						1
Orpington—						
Chislehurst Rd. Cl.			1			
Wellington Rd. Cl.			1			
Otford C.E.			1			
Otham C.E.			1			
Pembury Council ..	3	2				
Queenborough Cl. ..			1		1	
Rainham Council ..	1					
,, C.E.	1		1	1		
Rolvenden C.E. ..				1		
Ruckinge C.E.			1			
St. Mary Cray Cl. ..				1		
St. Mary's Romney Marsh				1	1	1
Saltwood C.E. ..			1			
Selling	1		1			1
Sellindge	1			1		
Sevenoaks Council ..			1	2		

continued

Table 50—*continued.*

SCHOOL.	Approved Cases. Under 13. B	G	13 and over. B	G	For re-exam'n B	G
Sevenoaks, St. John's	1					
Shadoxhurst	1					
Sheerness Blue Town Council			2			
Sheldwich Leys ..				1	1	
Sittingbourne Cl. ..	1			1		1
,, St. Michael's			1	1		
Smarden Council ..	1			1		
Southborough Cl. ..	9	1	4	1		1
,, C.E.	4	4		1	1	
Southfleet C.E. ..					1	
Speldhurst ..	1					
,, Langton C.E.				1		
Staple C.E.	1		1			
Staplehurst Council ..	1		1			
Stockbury C.E. ..			1			
Stone, The Brent Cl.			1		1	1
Swanscombe C.E. ..	1	1		2		
,, Greenhithe Galley Hill		1				
Tenterden C.E. ..	1				1	

SCHOOL.	Approved Cases. Under 13. B	G	13 and over. B	G	For re-exam'n. B	G
Tenterden St. Michael's C.E. ..	1					
Tilmanstone C.E. ..	1		1			
Trottescliffe			1	1		
Upchurch C.E.					2	
Walmer Parish	1					1
Westbere C.E. ..			1			1
Westerham C.E. ..			1	1		
West Malling— Boys C.E.			2			
Girls' & Infants' C.E.	1					1
West Peckham and Oxonhoath Paroch.		1	1			
Whitstable Westmeads Cl. ..					1	
Wickhambreaux ..			1			
Willesborough Cl. ..	1					
Wingham	1	1				
Wouldham	1					
Yalding				1		
,, St. Margaret's	2			1		

Sixty-one cases of epilepsy are known to me. Of these, seven are excluded from school either permanently or for a fairly lengthy interval. The majority of the remaining fifty-four should be under medical supervision and treatment, in which event they would not only make progress at school, but their general condition might improve. It is too much to expect that this continuous medical supervision will be forthcoming.

(*j*) *Account of miscellaneous work, such as the Examination of Scholarship Candidates, Pupil Teachers, or Teachers of any grade.*

You have adopted a scheme for the examination of pupils in the maintained secondary schools, and it is hoped that a beginning may be made in July, 1915. There is a possibility, however, that the initiation of the scheme may be delayed, owing to difficulty in securing the services of a suitable medical officer. Briefly the scheme is as follows :— A woman doctor will be added to the present medical staff, and the present elementary work may then be re-arranged so that each doctor has a smaller area to deal with. This new division of labour will be so managed that the existing staff will have sufficient time available

Table 50.

DISTRIBUTION OF EPILEPTIC CHILDREN.

District.	Boys.	Girls.	Total.
Aylesford	1	—	1
Bearsted	1	—	1
Bexley Heath	—	1	1
Bobbing	1	—	1
Chartham	—	1	1
Cliffe	1	—	1
Crayford	1	1	2
Dartford	—	1	1
Downe	1	—	1
Dunton Green	1	—	1
East Peckham	2	—	2
Edenbridge	—	1	1
Goudhurst	—	1	1
Great Mongeham	—	1	1
Guston	1	—	1
Halling	—	2	2
Hawkhurst	—	1	1
Herne Bay	1	2	3
Hoath	1	—	1
Hougham	1	—	1
Ickham	—	1	1
Leigh	—	1	1
Loose	—	1	1
Mersham	—	1	1
Minster	1	1	2
Mottingham	1	—	1
Northfleet	4	—	4
Petham	1	—	1
Queenborough	—	1	1
Rainham	3	1	4
Riverhead	1	—	1
Selling	1	—	1
Sheerness	2	1	3
Southborough	2	1	3
Swanley Junction	1	—	1
Swalecliffe	1	—	1
Swanscombe	1	1	2
Tonbridge	2	1	3
Trottersclife	1	—	1
Whitstable	—	1	1
Wye	—	1	1
Yalding	1	—	1
Total	36	25	61

TABLE 52.

Examinations of Pupil Teachers, Bursars, etc.

Denomination of Persons.	Number examined.	Defects of: Teeth. Less than four decayed.	Teeth. Four or more decayed.	Articulation.	Breathing.	Tonsils.	Ears. Deafness.	Ears. Discharge.	Vision.	Squint.	Blepharitis.	Anæmia.	Scoliosis.	Flatfoot.	Heart disease.	Other conditions.	Recommendations made. Teeth.	Tonsils.	Vision.	Hearing.	Other conditions.
Female—																					
Bursars	45	21	7	—	2	5	1	—	13	—	—	2	1	1	1	Alveolar abscess ..	14	1	10	—	Flatfoot, 1. Scoliosis, 1. Breathing, 2.
Pupil Teachers ..	55	31	12	—	—	1	1	—	13	—	—	—	—	—	1	Goitre. Eye-strain	22	—	7	—	Eyestrain, 1.
Domestic Economy Students ..	33	16	—	—	—	2	—	—	6	—	—	1	—	—	—	Enlarged thyroid 2	10	—	2	—	Anæmia, 1.
Assistant Teachers ..	8	1	—	—	—	—	—	—	6	—	—	2	—	1	—		—	—	—	—	—
Male—																					
Bursars	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Pupil Teachers ..	9	2	4	—	—	1	—	—	3	—	—	—	—	—	—	—	4	—	—	—	—
Artificers	4	2	1	—	—	—	1	—	1	—	—	1	—	—	—	—	1	—	—	1	—
Assistant Teachers	6	3	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	—	1	—	Flatfoot, 1.
Boys, Junior County Scholars.																					
Tonbridge	13	5	3	—	—	3	1	—	1	—	—	—	—	1	—	—	4	2	1	1	Flatfoot.
Maidstone	3	—	3	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	1	—	—
Folkestone and Dover	13	6	3	—	1	1	1	—	3	—	—	—	1	—	—	—	8	—	2	1	Breathing.
Sittingbourne ..	4	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Bromley	33	20	4	—	—	3	2	—	2	—	—	1	1	—	1	Alveolar abscess ..	6	—	2	1	Seoliosis.
Dartford	24	11	5	1	1	—	—	—	2	1	—	1	—	1	—	Cervical glands ..	3	—	3	—	Flatfoot. Breathing.
Rochester	18	10	5	—	—	1	—	—	4	—	—	—	—	—	—	—	6	1	—	—	—
Ramsgate	14	8	—	—	—	—	—	—	4	—	—	—	—	—	1	Hernia Cervical glands ..	7	—	1	—	—
Total	122	61	25	1	2	8	4	—	17	1	1	2	2	2	2	4	37	5	10	3	5
Girls, Junior County Scholars.																					
Tonbridge	21	10	3	—	—	2	—	—	1	—	1	—	—	—	—	—	2	2	—	—	Blepharitis.
Maidstone	4	1	—	—	1	—	2	—	2	—	—	—	—	—	—	Dyspepsia	2	—	2	1	Blepharitis. Dyspepsia. Breathing.
Folkestone and Dover	20	11	2	—	1	2	—	—	9	—	—	—	—	—	—	—	13	—	3	—	Breathing.
Sittingbourne ..	8	5	—	—	—	1	—	—	1	—	—	1	—	—	—	Eczema ..	1	—	1	—	Eczema.
Bromley	10	4	1	—	—	—	1	—	3	—	—	—	—	—	—	—	1	—	2	1	—
Dartford	30	17	5	—	—	5	2	1	7	—	—	1	—	—	—	Kyphosis Enlarged thyroid ..	2	2	6	1	Ear Discharge.
Rochester	11	5	2	—	—	1	—	—	4	—	1	1	—	—	—	—	3	—	1	—	Impacted cerumen.
Ashford	6	2	3	—	1	2	1	—	—	—	1	2	—	1	—	—	5	—	—	—	Impacted cerumen. Flatfoot.
Ramsgate	8	3	—	—	—	1	—	—	2	—	—	—	—	—	—	—	3	—	—	—	—
Total ..	118	58	16	—	3	14	6	1	29	—	3	5	—	1	—	4	32	4	15	3	10

for undertaking the secondary work in the boys' schools, whilst the new woman official will have about one third of her time available for inspecting the girls and female teachers. The scheme also meets the difficulty arising from the fact that during and after 1915 it is necessary for the Committee to make arrangements for the examination of another age-group of children in the elementary schools.

The table facing this page shows the results of the examination of scholarship children, pupil teachers, etc. 403 examinations and fourteen re-examinations were made. The results obtained indicate certain differences between these selected persons and the general population of the elementary schools. Perhaps the most note-worthy point is that among the former there is a considerably greater prevalence of defective vision. The numbers are so small, however, that no useful purpose can be served by discussing them at length.

There have been various other items of miscellaneous work, of which I may mention the preparation by Dr. Fox of a handbook on First Aid for use by teachers. This handbook is sent out with the first-aid cabinet which is supplied to all schools on requisition. The handbook should be of assistance in showing how the contents of the cabinet may be used to the greatest advantage.

Table 53.—Return showing the Physical Condition of Children Inspected.

Condition.	Entrants.				Leavers.				Total.				Special Cases.		
	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.	Per cent.	Boys.	Girls.	Total.
Total Inspected	4,456	4,185	8,641	—	4,045	3,205	7,250	—	8,501	7,390	15,891	—	805	891	1,696
Clothing — Satisfactory ..	3,841	3,741	7,582	87.8	3,489	2,909	6,398	88.3	7,330	6,650	13,980	88.0	—	—	—
Clothing — Unsatisfactory ..	615	444	1,059	12.2	556	296	852	11.7	1,171	740	1,911	12.0	—	—	—
Footgear — Satisfactory ..	4,137	3,943	8,080	93.5	3,729	3,046	6,775	93.3	7,866	6,989	14,855	93.5	—	—	—
Footgear — Unsatisfactory ..	319	242	561	6.5	316	159	475	6.5	635	401	1,036	6.5	—	—	—
Cleanliness of Head — Clean (*i.e.*, no nits or pediculi.)	4,140	3,538	7,678	88.9	3,837	2,594	6,431	88.8	7,977	6,132	14,109	88.8	—	—	—
Cleanliness of Head — Nits only / Pediculi present	316	647	963	11.1	208	611	819	11.2	524	1,258	1,782	11.2	6	75	81
Cleanliness of Body — Clean	4,023	3,847	7,870	91.0	3,721	2,987	6,708	92.5	7,744	6,834	14,578	91.7	—	—	—
Cleanliness of Body — Dirty .. / Pediculi ..	433	338	771	9.0	324	218	542	7.5	757	556	1,313	8.3	—	—	—
Nutrition — Excellent / Normal	4,127	3,897	8,024	92.9	3,676	2,966	6,642	91.6	7,803	6,863	14,666	91.9	—	—	—
Nutrition — Below Normal ..	327	285	612	7.0	362	238	600	8.3	689	523	1,212	8.0	4	3	7
Nutrition — Bad	2	3	5	0.05	7	1	8	0.1	9	4	13	0.08	1	0	1
Nose & Throat — No defect ..	3,158	3,247	6,405	74.1	3,295	2,564	5,759	79.5	6,453	5,711	12,164	76.5	—	—	—
Nose & Throat — Mouth breathers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nose & Throat — Tonsils : slightly enlarged .. / Tonsils : much enlarged .. / Adenoids : slight / ,, marked	1,298	938	2,236	25.9	750	741	1,491	20.5	2,048	1,679	3,727	23.5	178	172	350
External Eye Disease — No disease ..	4,382	4,117	8,499	98.5	4,005	3,146	7,151	98.7	8,387	7,263	15,650	98.5	—	—	—
External Eye Disease — Blepharitis ..	26	28	54	0.6	16	24	40	0.5	42	52	94	0.6			
External Eye Disease — Conjunctivitis ..	11	13	24	0.2	3	8	11	0.1	14	21	35	0.2			
External Eye Disease — Corneal opacities	1	0	1	0.01	2	1	3	0.05	3	1	4	0.02	38	55	93
External Eye Disease — Other disease ..	36	27	63	0.7	19	26	45	0.6	55	53	108	0.7			
Ear Disease — No disease ..	4,380	4,099	8,479	98.1	3,745	2,977	6,722	92.7	8,125	7,076	15,201	95.7	—	—	—
Ear Disease — Obstruction : R. / Obstruction : L.	42	42	84	1.0	257	194	451	6.2	299	236	535	3.3	23	20	43
Ear Disease — Otorrhœa : R. / Otorrhœa : L.	34	44	78	0.9	43	34	77	1.0	77	78	155	1.0	16	10	26
Ear Disease — Other disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Teeth — Sound	1,716	1,487	3,203	37.0	1,434	762	2,196	30.0	3,150	2,249	5,399	34.0	—	—	—
Teeth — Less than four decayed ..	1,854	1,878	3,732	43.0	2,312	2,195	4,507	62.0	4,166	4,073	8,239	52.0			
Teeth — Four or more decayed ..	886	820	1,706	20.0	299	248	547	8.0	1,185	1,068	2,253	14.0	141	151	192
Teeth — Sepsis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Heart and circulation .. — No disease ..	4,371	4,126	8,497	98.3	3,922	3,096	7,018	96.9	8,293	7,222	15,515	97.5	—	—	—
Heart and circulation .. — Organic disease / Functional .. disease	47	31	78	0.9	74	66	140	1.9	121	97	218	1.4	14	13	27
Heart and circulation .. — Anæmia ..	38	28	66	0.8	49	43	92	1.2	87	71	158	1.0	11	5	16
Heart and circulation .. — Other defect ..	—	—	—	—	—	—	—	—	—	—	—	..	—	—	—
Lungs .. — No disease ..	4,312	4,095	8,407	97.3	3,966	3,141	7,107	98.0	8,278	7,236	15,514	97.8	—	—	—
Lungs .. — Chronic Bronchitis & Bronchial Catarrh	129	86	215	2.5	73	58	131	1.8	202	144	346	2.1	16	15	31
Lungs .. — Tuberculosis ..	1	2	3	0.03	4	2	6	0.08	5	4	9	0.06	7	1	8
Lungs .. — Tuberculosis suspected	14	2	16	0.2	2	4	6	0.08	16	6	22	0.1	8	10	18
Lungs .. — Other disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nervous system — No disease ..	4,454	4,182	8,636	99.95	4,038	3,200	7,238	99.84	8,492	7,382	15,874	99.9	—	—	—
Nervous system — Epilepsy (major or minor) ..	1	2	3	0.03	5	3	8	0.11	6	5	11	0.07	1	4	5
Nervous system — Chorea ..	1	1	2	0.02	2	2	4	0.05	3	3	6	0.04	1	2	3
Nervous system — Other disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin .. — No disease ..	4,405	4,152	8,557	99.0	4,026	3,195	7,221	99.7	8,431	7,347	15,778	99.4	—	—	—
Skin .. — Ringworm: body / Ringworm: head	22	9	31	0.4	2	3	5	0.07	24	12	36	0.2	22	28	50
Skin .. — Impetigo ..	21	13	34	0.4	13	6	19	0.2	34	19	53	0.3	16	7	23
Skin .. — Scabies / Other disease	8	11	19	0.2	4	1	5	0.07	12	12	24	0.15	3	8	11
Rickets — No disease ..	4,422	4,174	8,596	99.5	4,028	3,203	7,231	99.74	8,450	7,377	15,827	99.6	—	—	—
Rickets — Slight / Marked	34	11	45	0.5	17	2	19	0.26	51	13	64	0.4	7	1	8
Deformities — No deformity ..	4,428	4,160	8,588	99.4	3,991	3,158	7,149	98.6	8,419	7,318	15,737	99.0	—	—	—
Deformities — Deformity present	28	25	53	0.6	54	47	101	1.4	82	72	154	1.0	17	21	38
Tuberculosis non-pulmonary — No disease ..	4,453	4,183	8,636	99.0	4,041	3,200	7,241	98.8	8,494	7,383	15,877	99.9	—	—	—
Tuberculosis non-pulmonary — Glandular .. / Bones and joints / Other forms ..	3	2	5	0.05	4	5	9	1.2	7	7	14	0.09	1	2	3
Speech — Not defective ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Speech — Defective articulation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Speech — Stammering ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition — Normal ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Condition — Dull or backward	31	22	53	0.5	101	52	153	2.1	132	74	206	1.3	16	12	28
Mental Condition — Mentally defective (all grades)	0	1	1	0.01	7	3	10	0.13	7	4	11	0.07	16	12	28

Table 54.—Showing comparative results of Medical Inspection in the several areas.

School Roll of District.	Medical Inspector.	Children examined.		Children recommended for Treatment.		Distribution of first recommendations.										Total.	Distribution of subsequent recommendations.									
						Teeth.		Vision.		Nose and Throat.		Hearing.		Other.			Teeth.		Vision.		Nose and Throat.		Hearing.		Other.	
		Number.	Percentage to Roll.	Number.	Percentage to number examined.	Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.		Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.	Number of Recommendations.	Per cent.
12,731	Dr. Watts ..	2,700	21.208	660	24.444	244	36.969	149	22.575	170	25.757	33	4.999	64	9.696	226	83	36.725	34	15.044	99	43.805	7	3.097	3	1.327
2,995	Dr. Day ..	612	20.433	148	24.183	51	34.459	35	23.648	18	12.162	4	2.702	40	27.027	6	—	—	5	83.333	1	16.666	—	—	—	—
734	Dr. Outred ..	143	19.246	85	66.433	34	40.000	5	5.882	34	40.000	1	1.176	11	12.941	—	—	—	—	—	—	—	—	—	—	—
559	Dr. Wiglesworth ..	123	22.000	40	32.520	12	30.000	3	7.500	23	57.500	—	—	2	5.000	—	—	—	—	—	—	—	—	—	—	—
3,260	Dr. Piper ..	700	21.471	189	27.000	93	49.206	18	9.523	40	21.164	7	3.703	31	16.402	137	71	51.824	9	6.569	47	34.306	3	2.189	7	5.109
988	Dr. Adamson ..	192	19.433	57	29.687	19	33.333	15	26.315	19	33.333	1	1.754	3	5.273	28	4	14.285	10	35.714	12	42.857	—	—	2	7.142
	No. 3 whole-time district—																									
20,308	(Drs. Tucker and Holmes)	4,550	22.405	1,498	32.923	404	26.969	361	24.098	403	26.902	81	5.407	249	16.622	483	63	13.043	151	31.262	223	45.962	15	3.105	31	6.418
3,182	Dr. Hamilton ..	881	21.817	255	28.945	137	53.725	42	16.470	27	10.588	12	4.705	37	14.509	162	83	51.552	37	22.839	23	14.285	3	1.863	15	9.316
1,071	Dr. Hick ..	151	14.098	50	33.112	31	62.000	8	16.000	10	20.000	1	2.000	—	—	5	3	60.000	—	—	2	40.000	—	—	—	—
2,047	Dr. Young ..	492	24.034	57	11.586	13	22.807	10	17.543	26	45.614	—	—	8	14.035	10	2	20.000	2	20.000	5	50.000	—	—	1	10.000
2,803	Dr. Gange ..	555	19.800	139	24.324	67	48.201	17	12.230	55	39.568	—	—	—	—	1	—	—	—	—	1	100.000	—	—	—	—
4,578	Dr. Roberts ..	1,005	21.952	345	34.328	85	24.637	57	16.521	68	19.710	32	9.275	103	29.855	113	7	6.194	36	31.858	27	23.893	11	9.734	32	28.318
	No. 2 whole-time district—																									
15,451	(Drs. Dunstan, Tucker, Holmes and de Villiers)..	4,374	28.309	1,011	23.114	296	29.277	209	20.672	293	28.981	50	4.945	163	16.122	423	133	31.441	99	23.404	135	31.914	16	3.782	40	9.456
2,869	Dr. Sells ..	624	21.749	110	17.628	27	24.545	63	57.272	16	14.545	3	2.727	1	.909	21	—	—	20	75.238	—	—	1	4.761	—	—
424	Dr. Oliver ..	97	22.877	15	15.463	6	40.000	2	13.333	7	46.666	—	—	—	—	5	3	60.000	—	—	2	40.000	—	—	—	—
9,405	Dr. Heggs ..	1,984	21.193	522	26.311	98	18.773	100	19.157	135	25.851	18	3.448	171	32.758	192	30	15.706	45	23.560	95	49.738	1	0.520	20	10.471
861	Dr. Lipscomb ..	184	21.370	40	21.739	5	12.500	4	10.000	13	32.510	9	22.500	9	22.500	14	—	—	2	14.285	8	57.142	4	28.371	—	—